A Profile of Seniors in British Columbia

BRITISH COLUMBIA

Children's, Women's and Seniors' Health
Population Health and Wellness
Ministry of Health Services 2004

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INTRODUCTION

About the data sources

The primary data sources for this document are the Canadian Community Health Survey (CCHS) Cycle 1.1 2000/2001, The 2002 Provincial Health Officers Annual Report, and the Census (2001 and 1996). Wherever possible British Columbia data is presented, however, when unavailable, national figures are used. The profile also endeavours, when possible, to further break down the senior population statistics by age and gender in order to better illustrate the population's heterogeneity.

SENIORS IN BRITISH COLUMBIA ARE LIVING LONGER and staying in better health than ever before. Through volunteering, caregiving and engaging in other activities, they continue to make valuable contributions to society.

This report profiles what we know about British Columbian seniors, defined as adults age 65 and over, today — their demographics, health status, education, income, social supports, personal health practices, housing, abuse and health services use.

The *Profile of Seniors in British Columbia* shows that gender, age, income, and living conditions are important determinants in the health and well being of British Columbians. Seniors are a heterogeneous group with diverse needs, and this diversity has important implications for governments and other organizations dealing with issues surrounding our aging population.

British Columbia has one of the most rapidly aging populations in Canada. Between 1991 and 2001, the median age in British Columbia increased 3.7 years, from 34.7 years of age to 38.4 years of age. This is higher than the national average of 37.6 years of age. Between 1991 and 2001 the number of seniors age 80 and over soared from 87,065 to 134,175. This was a 54 percent increase and the highest level of growth amongst all provinces.[1] Projections estimate that seniors will continue to live longer and increase in number and percentage of the population.

The aging population holds special significance for the future of the health care system in British Columbia. Seniors of the future are likely to be much healthier than seniors today. The baby boom generation has a lower prevalence of heart disease, hypertension, arthritis, and functional limitations than previous generations at the same ages. Thanks to healthier lifestyles and the early prevention of chronic disease, baby boomers will be in significantly better health than their predecessors when they retire. In

addition, many seniors do not require high levels of support from the health care system until their later years, usually after age 80, and baby boomers will not reach age 80 for about 25 years.

Governments all over Canada have recognized the need to make plans to accommodate an aging population. The Federal/ Provincial/Territorial Ministers Responsible for Seniors developed a policy guide titled the *National Framework on Aging* (NFA) to assist with planning for Canada's aging population. Dignity, independence, participation, fairness and security are listed in the NFA as essential principles when planning for an aging population.

This report is to assist planners and policy makers gain a clear understanding of the nature of British Columbia's senior population and assess their needs and expectations for the present and future.

Principles Outlined by the National Framework on Aging

Dignity - being treated with respect, regardless of situation, and possessing a sense of self-esteem.

Independence - being in control of your own life, able to do as much as possible for yourself, and making your own choices.

Participation - getting involved, staying active, taking part in the community as well as being consulted, and having government consider your views.

Fairness - giving real needs, in all their diversity, equal consideration with those of other Canadians.

Security - having an adequate income and access to a safe and supportive living environment.

1

Demographic Profile

Section Highlights

- Seniors (age 65 and over) make up 13.3 percent of the population in British Columbia.
- 56 percent of seniors are women and 44 percent are men.
- About three-quarters of the senior population is 65 to 79 years old, and one-quarter is over 80 years old.
- It is estimated that in 2031 seniors will make up 24 percent of the population of British Columbia.
- Visible minorities made up 12:3 percent of the B.C. senior population in 2001.
- Immigrants made up 36 percent of the senior population in 2001.

SENIORS ARE A SIGNIFICANT PROPORTION of the population of British Columbia, and although they share many similar issues and characteristics, they are a heterogeneous population. Seniors vary not only by age and gender, but also by where they live in the province, ethnicity, heritage, income and marital status.

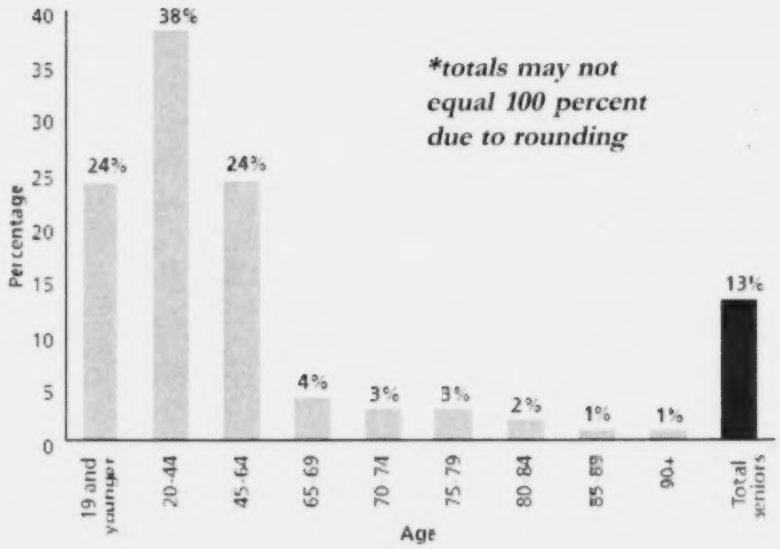
Number of Seniors in B.C.

As of 2002, there were 551,800 British Columbians age 65 and over.

- 63 percent of British Columbia's total population is 20 to 64 years old, and 13.3 percent is 65 years or older.
- About 10 percent of the population is between the ages of 65 and 79; and about four percent is 80 years old or over.

Total B.C. Population by Age and Percentage: 2001

SOURCE:
B.C. Stats,
B.C. Ministry of Management Services, 2001



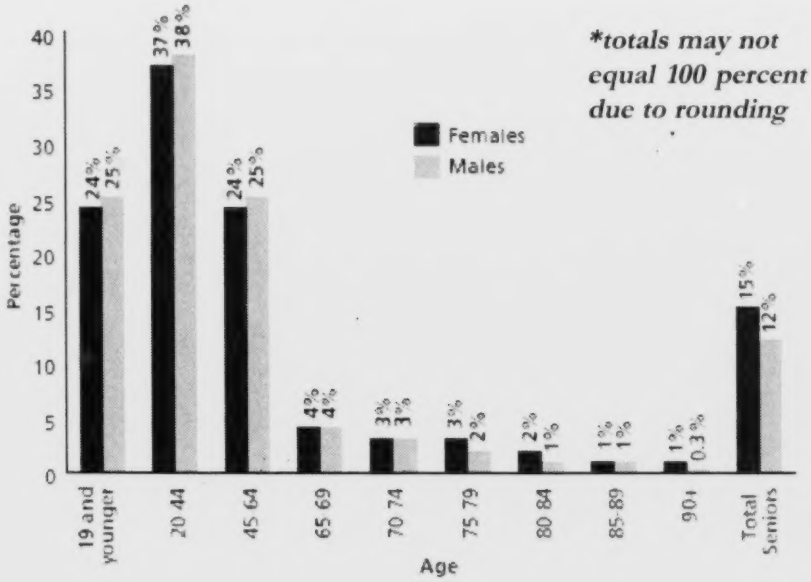
Number of Seniors by Gender

Out of the 551,820 seniors in British Columbia, 309,449 are women (56 percent) and 245,371 (44 percent) are men. The higher percentage of women is likely due to the fact that women live longer than men.

- Senior women make up approximately 15 percent of the total female population in British Columbia.
- About 10 percent of British Columbia women are between the ages of 65 and 74.
- 4 percent are 80 years or older.
- 12 percent of men in British Columbia are 65 years or older.

B.C. Population by Gender and Age: 2001

SOURCE:
B.C. Stats,
B.C. Ministry of Management Services



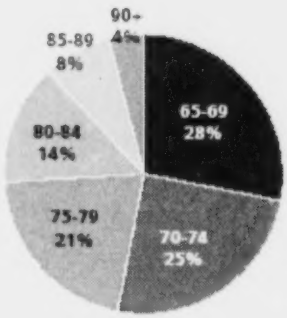
Senior Population by Age

Most seniors in British Columbia today are under the age of 80. As these younger seniors move into the older age group, they may need more assistance and support.

- 74 percent of seniors are 65 to 79 years old;
- 26 percent of seniors are over 80;
- 4 percent of seniors are over 90 years.

B.C. Seniors Population by Age: 2001

SOURCE: B.C. Stats, B.C. Ministry of Management Services



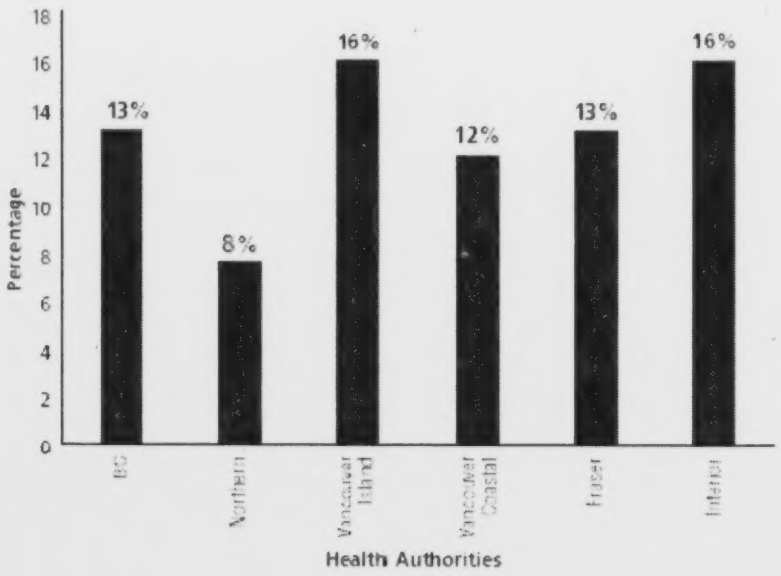
**totals may not equal 100 percent due to rounding*

Seniors in Health Authorities

The Vancouver Island and Interior Health Authorities have the highest proportion of seniors in their populations at 16 percent each. The Vancouver Coastal and Fraser Health Authorities are around the provincial average of 13.3 percent. The Northern Health Authority has a much lower proportion of seniors in its population with just 8 percent over age 65. There are no notable differences in the distribution of men and women in the various health authorities.

Seniors in Health Authorities, 2001

SOURCE: B.C. Stats, B.C. Ministry of Management Services



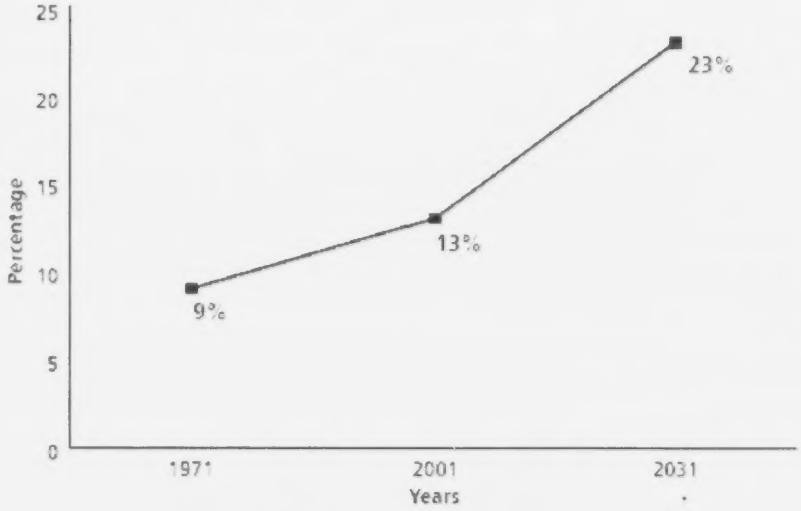
Population Projections

The number of older people in British Columbia has grown significantly since 1971 and will continue to grow.

- From 1971 to 2002, the number of seniors age 65 and over grew from 9 percent to 13.3 percent of the total estimated population.
- In 2031, seniors will make up an estimated 23.7 percent of the total population in British Columbia. This translates to 1,341,319 seniors in 2031, more than double the number of seniors today.
- During the next five years, the senior population will continue to increase at a higher rate than in previous years.
- Between 2001 and 2004, the number of seniors is expected to increase by 35,125.
- Between 2004 and 2007, the number of seniors is expected to increase by 41,554.

Seniors as a Total Percentage of the Population: B.C. 2001

SOURCE: Forecast - B.C. Stats Estimated - Statistics Canada



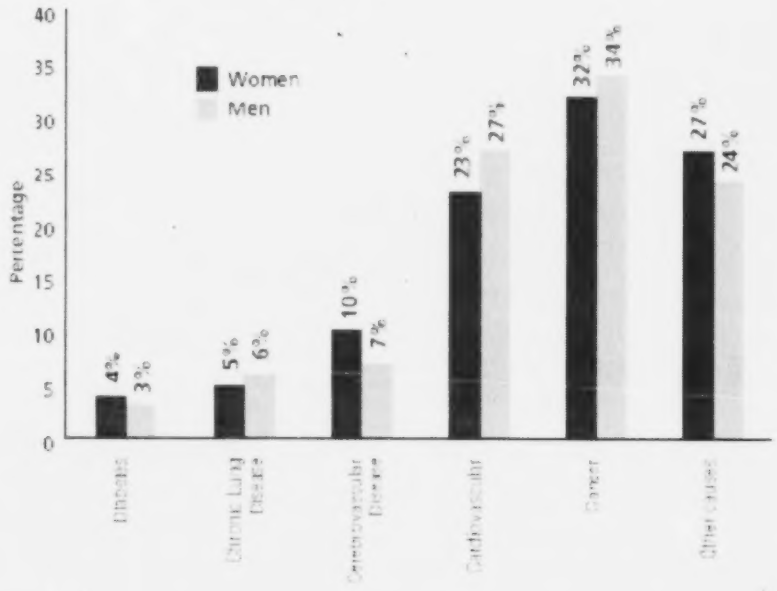
Leading Causes of Death for Seniors

As of the 2001 census, cancer, cardiovascular disease, and cerebrovascular disease (strokes), chronic lung disease and diabetes, were the leading causes of death for both men and women, age 65 and over. Although the leading causes of death did not differ significantly for men and women, men were slightly more likely to die from cancer, and women were slightly more likely to die from cerebrovascular disease.

- Cancer, cardiovascular disease, and cerebrovascular disease account for 66 percent of all deaths in the 65 to 84 year-old age group, with cancer the leading cause, attributed to half of these deaths.
- Diabetes and chronic lung disease were other leading causes of death for those age 65 to 84 (9 percent).
- Cardiovascular disease was the leading cause of death for those 85 and older (32 percent).

Leading Causes of Death for Adults 65 to 84 Years Old by Gender: B.C. 2001

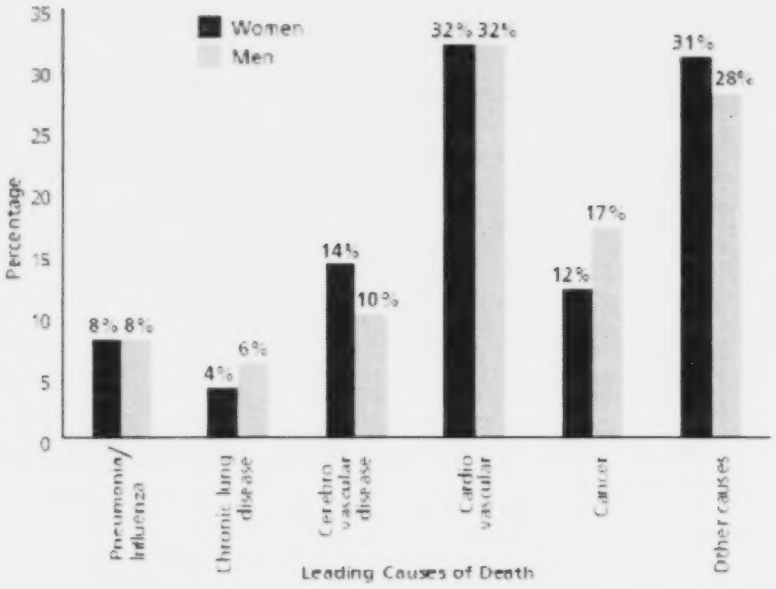
SOURCE: B.C. Vital Statistics Agency Annual Report 2001



**totals may not equal 100 percent due to rounding*

Leading Causes of Death for Adults Age 85 and Older: B.C. 2001

SOURCE: B.C. Vital Statistics Agency Annual Report 2001



**totals may not equal 100 percent due to rounding*

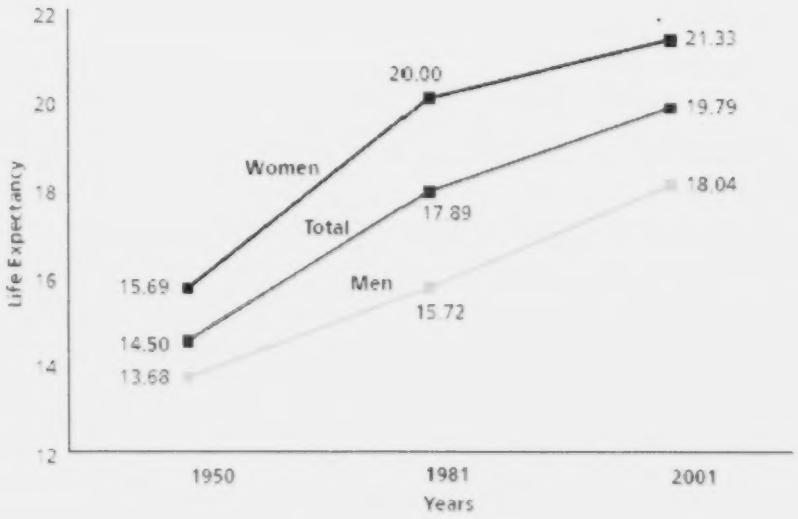
Life Expectancy

Life expectancy has increased for both men and women in British Columbia over the past 50 years. However, it has increased slightly more for women than for men; in fact, women have consistently had a longer life expectancy than men.

- Average life expectancy at age 65 increased 5.64 years for women and 4.36 years for men between 1950 and 2001.
- In 2002, life expectancy at age 65 was 21.4 years for women and 18.2 years for men.
- Overall life expectancy for seniors at age 65 was 14.5 years in 1950 and 19.8 years in 2001.

Life Expectancy at Age 65 - Male and Female: B.C. 2001

SOURCE: B.C. Stats, Ministry of Management Services

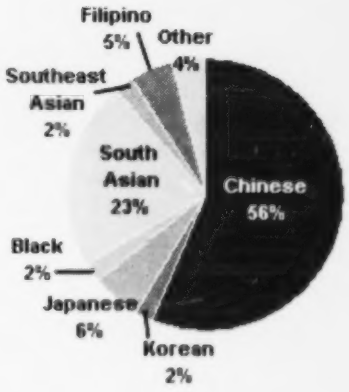


Visible Minorities in the Senior Population

In 2001, visible minorities made up 12.3 percent of the population age 65 and over in British Columbia, compared to the national average of 6.6 percent. The most prevalent visible minority was Chinese (6.8 percent), followed by South Asian (2.7 percent). All other visible minorities combined made up 2.8 percent of the total senior population in B.C.

Proportion of Visible Minorities in Total Senior Population

SOURCE: B.C. Stats, Ministry of Management Services, 2001 census

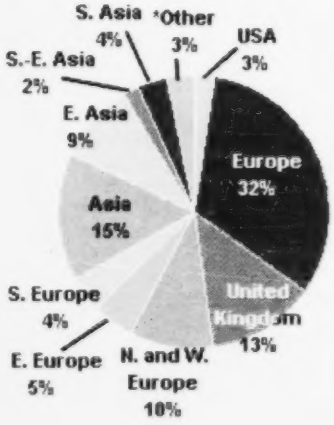


Immigrants in the Senior Population

In 2001, 198,800 seniors in British Columbia were immigrants. Of these, 91,448 were men and 107,352 were women. In total, immigrants made up 36 percent of the total senior population in 2001. The majority of these seniors (61 percent) were born in Europe, 5 percent were born in the United States, and 29 percent were born in Asia.

Place of Birth of Immigrants Age 65 and Older

SOURCE: B.C. Stats, Ministry of Management Services, 2001 census



**Other includes Oceana, West Central Asia and the Middle East, Africa, Carribean, Central and South America*

English as a Second Language

SOURCE: Detailed Mother Tongue Statistics Canada 2001 Census (Catalogue 97F007XCB01001)

Many B.C. seniors have immigrated from other parts of the world and maintain the use of their first language or mother tongue.

- 74 percent of British Columbians identify English as their mother tongue.
- 1.5 percent identify French and 24 percent identify "other" as their mother tongue.
- B.C. has a higher proportion of Asian mother tongue languages, in particular Cantonese, Mandarin and Punjabi, than any other province in Canada with 15.4 percent of the population identifying as having an Asian mother tongue.

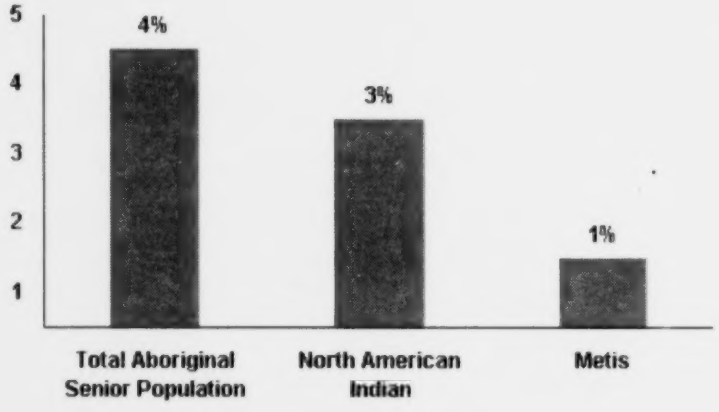
Aboriginal Elders

In 2001 there were 7,240 Aboriginal elders in British Columbia. Aboriginal elders comprise 4 percent of the total Aboriginal population compared to non-Aboriginal seniors who make up 13.3 percent of the total non-aboriginal population. Three-quarters of the elders selected North American Indian as their ethnic origin, and one-fifth identified themselves as Métis.

Aboriginal seniors also have a shorter life expectancy than non-Aboriginal seniors. Status Indian women can expect to live 75.4 years as compared to 82.5 years for non-Status Aboriginal women and 86.4 years for non-Aboriginal women. Likewise, the life expectancy is 69.9 years for Status Indian men, 77.9 years for non-Status Aboriginal men and 83.2 years for non-Aboriginal men.

Aboriginal Population Age 65 and Older in B.C. 2001

SOURCE: Statistics Canada. 2001 Census



SOURCE: Statistics Canada 2001

**Aboriginal identity refers to those persons who reported identifying with at least one Aboriginal group, i.e. North American Indian, Métis or Inuit (Eskimo), and/or those who reported being a Treaty Indian or a Registered Indian as defined by the Indian Act of Canada and/or who were members of an Indian Band or First Nation.*

Seniors' Marital Status

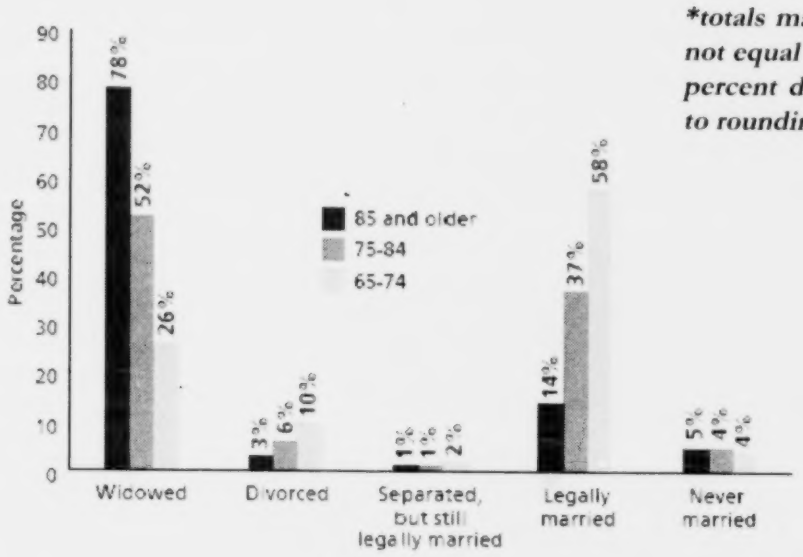
Most seniors are either married or widowed. Few seniors are single (never married), separated, or divorced. Younger seniors (age 65 to 74) are slightly more likely to be divorced than older seniors. As age increases, the likelihood of being widowed increases for both men and women. However, senior women are much more likely to be widowed than senior men, and widowhood may lead to social isolation.

Women

- Approximately three-quarters of women age 85 and over are widowed, compared to 26 percent of women age 65 to 74.
- 3 percent of women age 85 and older and 10 percent of women age 65 to 74 are divorced.

Legal Marital Status for Senior Women: B.C. 2001

SOURCE: Statistics Canada, 2001 Census

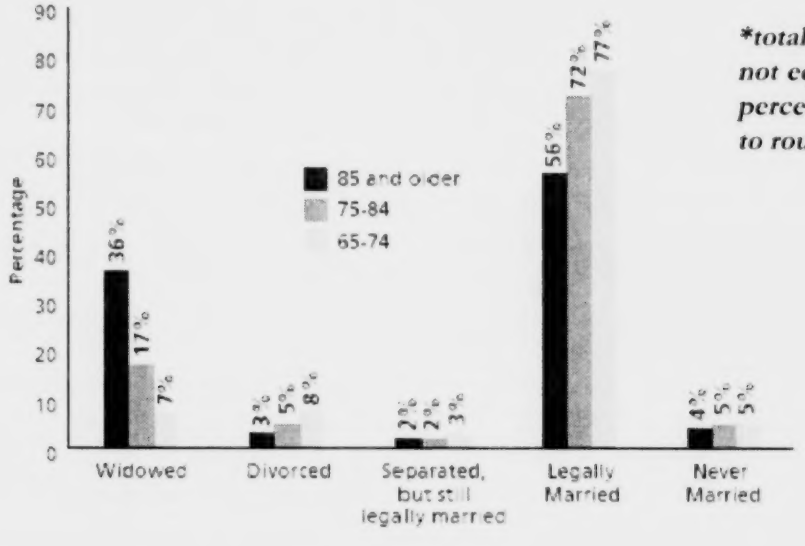


Men

- 36 percent of men age 85 and older are widowed compared to 78 percent of women in the same age group.
- 7 percent of men age 65 to 74 and 17 percent of men age 75 to 84 are widowed.
- 92 percent of men age 85 and older are either married or widowed.
- 5 percent of senior men age 65 to 74 and 5 percent of senior men age 75 to 84 are single (never married).

Legal Marital Status for Senior Men: B.C. 2001

SOURCE: Statistics Canada, 2001 Census



**totals may not equal 100 percent due to rounding*

2

Health Status in British Columbia

Section Highlights

- Most seniors indicate that their health is either "excellent", "very good", or "good".
- 63 percent of seniors have very good or perfect functional health.
- Seniors are much more likely to have chronic health conditions than those in younger age groups, and older seniors are more likely than younger seniors to suffer from multiple chronic conditions.
- More seniors are hospitalized because of falls than those in younger age groups, and senior women are more likely than senior men to be hospitalized due to falls.

AGING IS A NORMAL LIFE PROCESS and does not necessarily lead to poor health. Most older British Columbians are in good health. They evaluate their health positively, are at low risk for depression, and do not have moderate or severe health problems. However, falls and a higher susceptibility to chronic illnesses are health issues for some seniors.

Seniors' Self-Reported Health Status

Most seniors in British Columbia say their health is either excellent, very good, or good. Only a minority of seniors say their health is either fair or poor. Younger seniors are much more likely to feel positive about their health than older seniors.

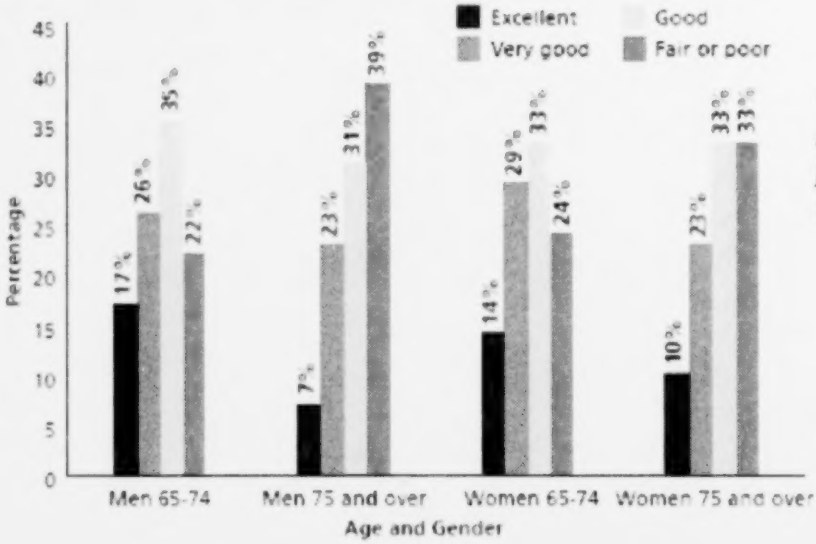
- Almost three-quarters of seniors (men and women) report that their health is either excellent, very good, or good.
- 17 percent of men and 14 percent of women age 65 to 74 say

their health is excellent, but only 7 percent of men and 10 percent of women age 75 and over say the same.

- About one-third of seniors (men and women) rate their health as fair or poor.
- Self-rated health status also varies by income as 31.7 percent of high income seniors rated their health as excellent as opposed to the 16.2 percent of low income seniors who rated their health as excellent.

Self-Rated Health for Seniors: B.C. 2001

SOURCE: Statistics Canada, Canadian Community Health Survey, Cycle 1.1, 2000/2001.



**totals may not equal 100 percent due to rounding*

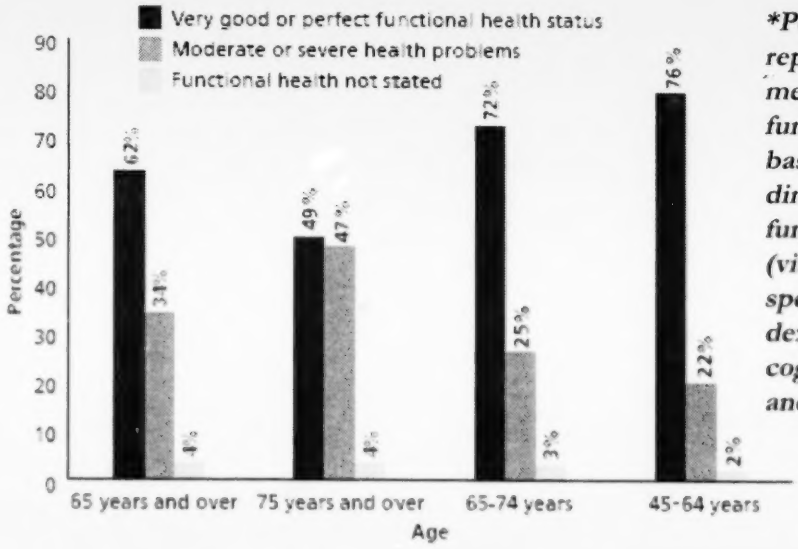
Seniors' Functional Health Status

Most British Columbia seniors have very good or perfect functional health status. Functional health is measured by nine dimensions of physical functioning - vision, hearing, speech, mobility, dexterity, feelings, cognition, memory and pain. More than half of seniors have good vision, hearing, speech, mobility, and cognition. However, seniors are more likely to have moderate or severe health problems than other age groups, and older seniors have more of these problems than younger seniors.

- 62 percent of B.C. seniors age 65 and over have very good or perfect functional health status, while 34 percent have moderate or severe health problems.
- 72 percent of B.C. seniors age 65 to 74, and about half of those 75 and over, have very good or perfect functional health status.
- 22 percent of B.C. seniors age 45 to 64 have moderate or severe health problems, compared to 49 percent of seniors age 75 years and over.

Functional Health Status* by Age Group: B.C. 2001

SOURCE: Statistics Canada, Canadian Community Health Survey, Cycle 1.1, 2000/2001;



Population reporting measures of overall functional health, based on nine dimensions of functioning (vision, hearing, speech, mobility, dexterity, feelings, cognition, memory and pain).

totals may not equal 100 percent due to rounding

Chronic Conditions

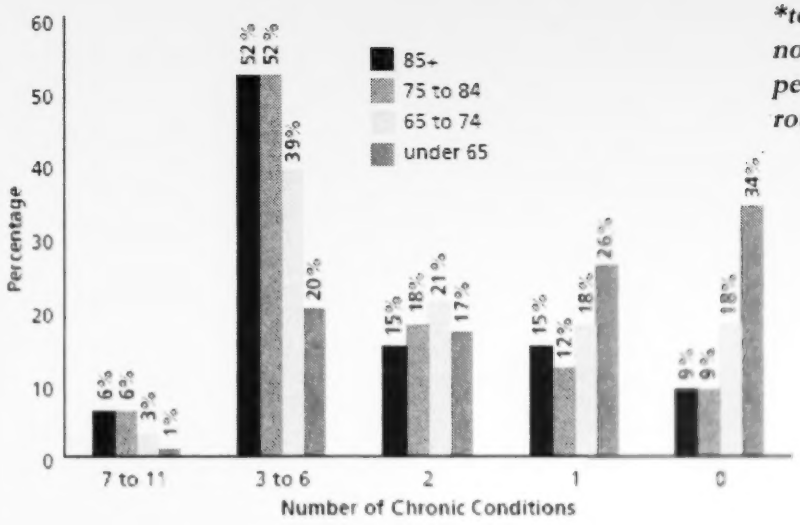
The likelihood of having one or more chronic health conditions such as cancer and heart disease increases with age. Seniors are much more likely to have chronic conditions than younger age groups. Many seniors have more than one chronic condition with older seniors being more likely than younger seniors to have multiple chronic conditions. Senior women are more likely than senior men to have one or more chronic conditions.

Women

- More than one-third of women under the age of 65 have no chronic conditions, compared to 18 percent of those age 65 to 74, and 9 percent of those age 75 and over.
- Slightly more than half of women age 75 and over have three to six chronic conditions, compared to 39 percent of women age 65 to 74, and 20 percent of women under 65.

Number of Self-Reported Chronic Conditions* By Age for Females: B.C. 2001

SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001



**totals may not equal 100 percent due to rounding*

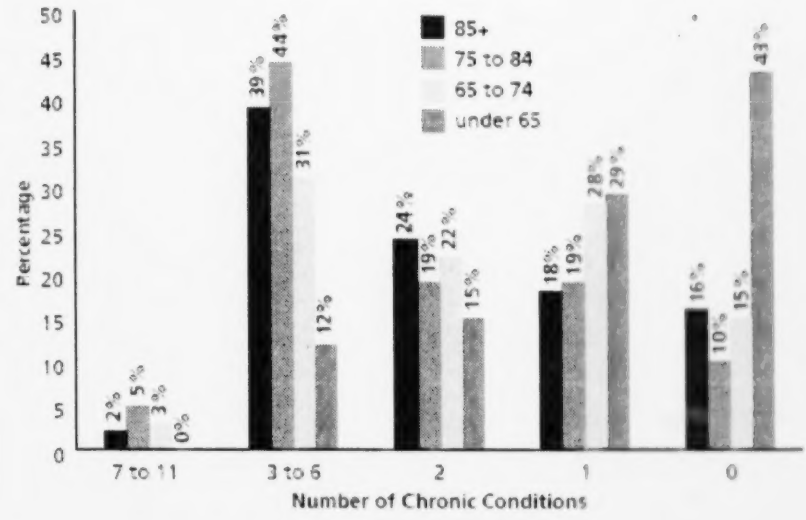
Chronic conditions include food allergies, asthma, fibromyalgia, arthritis, high blood pressure, migraines, diabetes, epilepsy, heart disease, cancer, stomach or intestinal ulcers, effects of a stroke, urinary incontinence, bowel disorder, Alzheimer's disease or other dementia, cataracts, glaucoma, thyroid condition and other chronic conditions

Men

- 43 percent of men under age 65 have no chronic conditions, compared to 15 percent of those age 65 to 74.
- 44 percent of men age 75 to 84 have three to six chronic conditions, compared to 52 percent of women in the same age group.
- 5 percent of men age 75 to 84 have seven to 11 chronic conditions.

Number of Self Reported Chronic Conditions By Age for Males: B.C. 2001

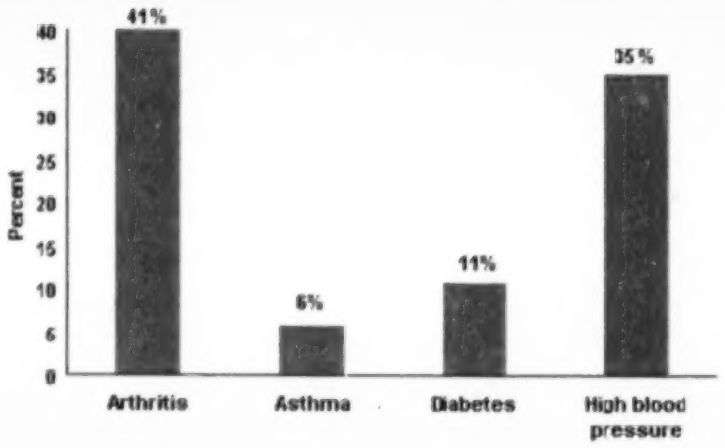
SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001



**totals may not equal 100 percent due to rounding*

Asthma, diabetes, high blood pressure and arthritis are examples of chronic conditions that affect seniors. Only 6 percent of B.C. seniors age 65 and over have asthma, 11 percent have diabetes, 41 percent have arthritis. Thirty-five percent have high blood pressure which puts them at risk for cardiovascular disease.

Prevalence of Certain Chronic Conditions Among Seniors: Canada 2001



SOURCE: Statistics Canada, Canadian Community Health Survey, Cycle 1.1, 2000/2001.

Injuries

Injuries are a major public health problem in BC and Canada and rank sixth among the leading causes of death in BC.

Falls and Fractures

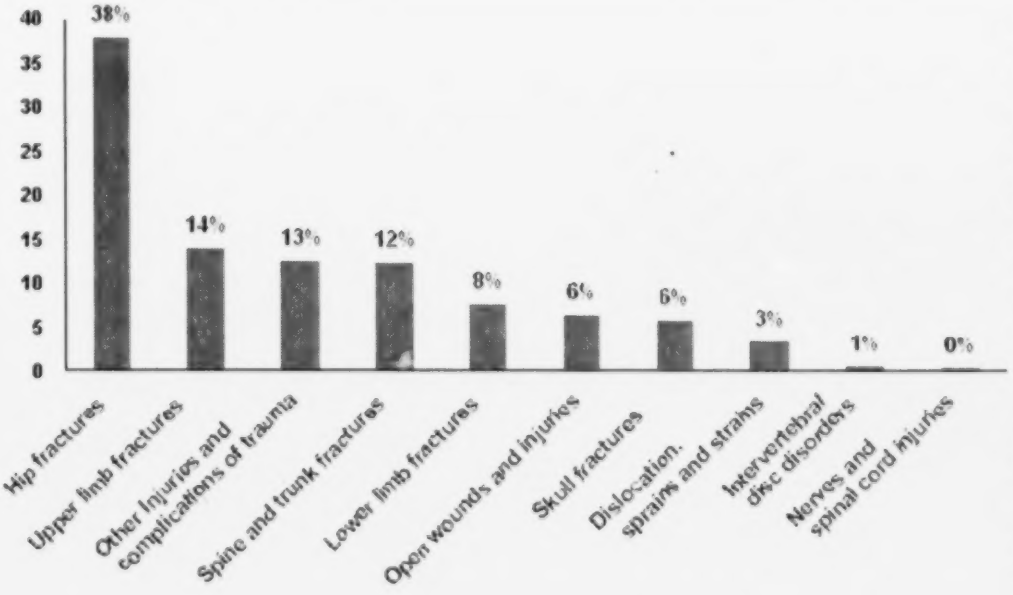
SOURCE: Prevention of Falls and Injuries Among the Elderly. A Special Report from the Office of the Provincial Health Officer. B.C. Ministry of Health Services (2004)

Falls are a health issue for the entire population but present special considerations for seniors. Falls can happen in the home, community, hospital or long-term care facility and in each environment there are different risks for seniors. These risks include *biological factors* (eg, advanced age, being female, cognitive impairments); *behavioural factors* (eg, use of medication, inadequate diet or exercise, alcohol abuse); *environmental factors* (eg, home hazards and obstacles in the public environment); and *social and economic factors* (eg, inadequate income, lack of social networks).

Risk and harm from falls can be modified by exercise programs and thorough clinical assessments and interventions.

- Falls are the most common cause of injury for elderly people.
- It is estimated that one in three persons over age 65 is likely to fall at least once each year.
- Almost half of those who fall experience a minor injury, and between 5 and 25 percent experience a more serious injury such as a fracture or sprain.
- In 2001, 10,000 seniors in B.C. were hospitalized because of a fall, and 771 people died either directly or indirectly as a result of a fall.
- In 2001, about 3,100 B.C. seniors, two-thirds of whom were women, were hospitalized for a broken hip.
- Falls cause more than 90 percent of all hip fractures in the elderly and 20 percent of seniors who suffer a hip fracture die within a year.
- A single hip fracture adds $24,000 to $28,000 in direct costs to the healthcare system.
- 30 percent of hip fractures occur among 5 percent of seniors living in residential/institutional settings.
- Falls are directly accountable for 40 percent of admissions to nursing homes and long-term care facilities.
- One in four women over the age of 50 has osteoporosis compared to only one in eight men. This difference is primarily due to the important role the hormone estrogen plays in keeping women's bones healthy.

Percent of Hospital Cases Associated with Falls by Injury Type, B.C. 1992/ 1993 to 2000/ 2001



Source: Prevention of Falls and Injuries Among the Elderly: A Special Report from the Office of the Provincial Health Officer. B.C. Ministry of Health Planning (2003).

Pain or Discomfort of Seniors

Pain or discomfort can limit one's ability to perform normal activities on a daily basis. While the vast majority of seniors report not having any pain or discomfort, older seniors are more likely to experience pain or discomfort than younger seniors. Slightly more female seniors report having pain or discomfort than male seniors.

Women

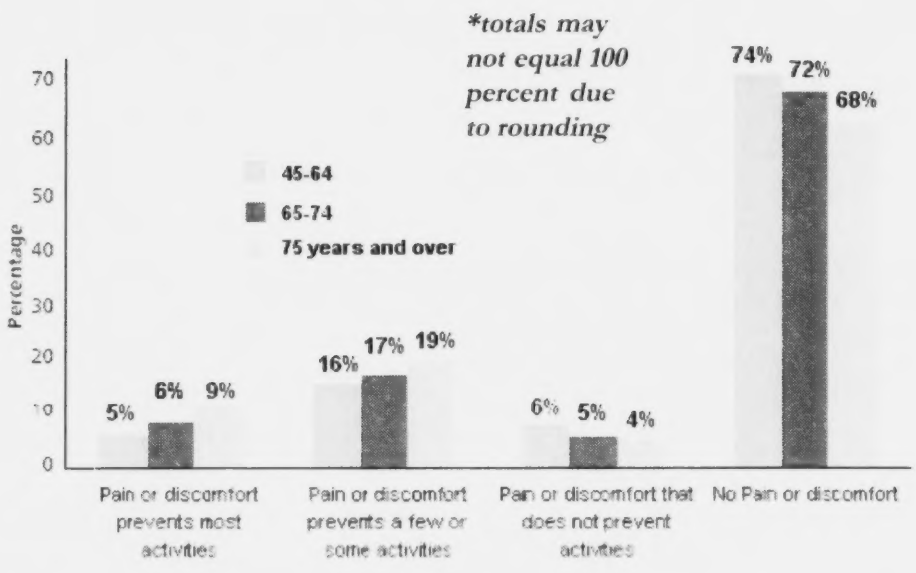
- 68 percent of women age 75 years and over and 72 percent of women age 65 to 74 report having no pain or discomfort.
- While 9 percent of women age 75 years and over report that pain or discomfort prevents most activities, 6 percent of women age 65 to 74 report the same.

Men

- While 73 percent of men age 75 years and over report experiencing no pain or discomfort, 82 percent of those age 45 to 64 years do the same.
- 12 percent of men age 75 years and over report that pain or discomfort prevents few or some activities, in comparison to 19 percent of women in the same age group.

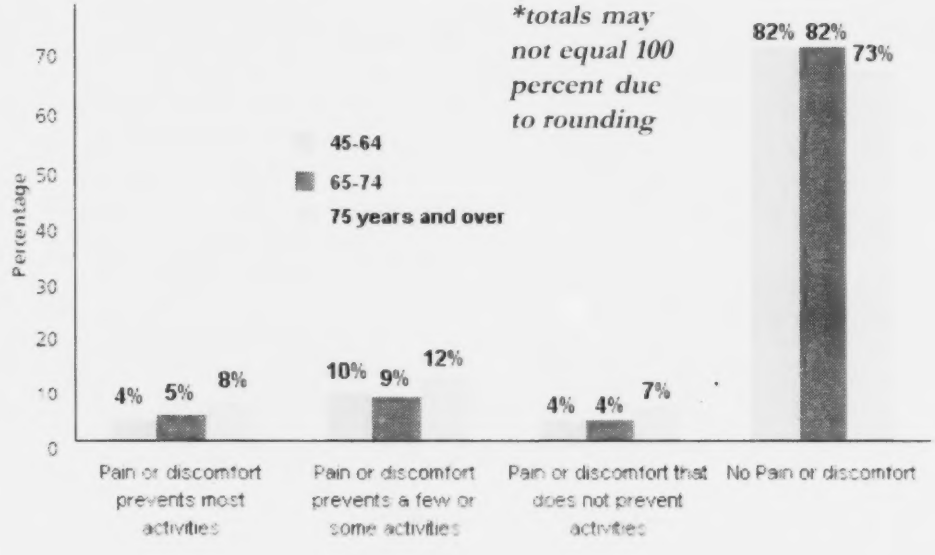
Pain or Discomfort by Age: Women, B.C. 2001

SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001



Pain or Discomfort by Age: Men, B.C. 2001

SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001



Influenza Immunization

Influenza can have serious health consequences for seniors and other vulnerable populations, and vaccination is an important preventive measure.

- In 2002/2003, approximately 71 percent of the senior population living in the community in British Columbia received an influenza vaccination, an increase of 16 percent since 1995/1996.
- 85 percent of seniors living in care facilities receive influenza vaccinations.

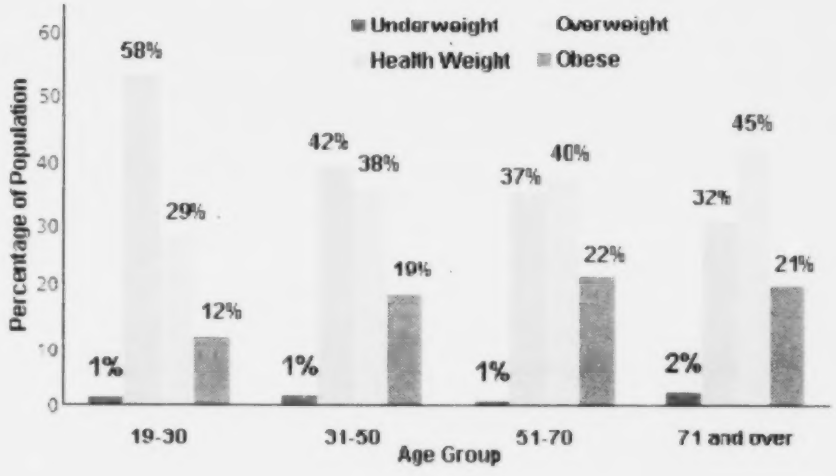
Obesity

Rates of obesity vary by age and the proportion of individuals who fall within the range of a healthy body weight declines with age.

- Adults age 51 to 70 have a higher proportion of obesity than any other adult age group.
- Seniors age 71 and over have the highest proportion of overweight people in comparison to all other adult age groupings.

Distribution of B.C. Adults by Body Mass Index Category and Age Group

SOURCE: British Columbia Nutrition Survey: Report on Physical Activity and Body Weight: 2003



Body mass index (BMI) uses weight and height to estimate body fat and gauge health risks due to carrying too much weight. The BMI is only one factor in determining a person's health risk. BMI is calculated as follows: weight in kilograms divided by height in metres squared. A BMI under 20 is considered underweight, 20-24.9 acceptable weight, 25-26.9 some excess weight and 27 or higher overweight. The BMI measurement is less reliable as a measure as a person ages.

Seniors Mental Health

Good health includes good mental health. Although data is often difficult to collect, measuring mental health is important as mortality rates are high for people with untreated depression and mental illness.

Dementia

Dementia encompasses a group of incurable, irreversible, degenerative brain diseases that pose serious health issues to seniors. Alzheimer's disease is the most common form of dementia. People with Alzheimer's lose the ability to learn and remember anything new. At first they forget things from week to week, then from day to day, and gradually from hour to hour and even minute to minute.

- In B.C. it is estimated that over 50,000 people have dementia.
- At least one in 12 people over the age of 65 have Alzheimer's disease or related dementia.
- Rates of dementia increase with age. One percent of people age 65 to 74, 7 percent of those age 75 to 84, and 26 percent of those age 85 and older have dementia.[2] This is about 33,895 seniors in total that are affected by dementia.

Risk of Depression (Canada and B.C.)

Depression is common in every society that has been studied. The average lifetime prevalence of major depression is estimated to be 6 percent. In any given year approximately 4 percent of the adult population will meet criteria for a depressive illness.[3]

Major illness, retirement, genetic or lifestyle factors, hormonal or nutritional imbalance, the death of a spouse and a shrinking circle of friends may all contribute to increased levels of stress and depression in Canada's elderly.

Deteriorating physical health can quickly change a happy retirement into a period of confusion, fear and chronic pain. When disabilities occur later in life, individuals who were involved in working, socializing and traveling may suddenly face lower incomes, reduced mobility and dependence on caregivers and assistive devices. These changes can have a dramatic effect on seniors' mental and emotional well-being. Increased stressors also have consequences for physical health.

- It is estimated that seniors over the age of 65, are among the most under-treated populations for mental health issues with

more than one third of their mental health problems going untreated.[4]

- Depression is following a worsening trend in B.C. as 11.6 percent of the general population was at risk in 2000/2001, up from 7 percent in 1996/1997.
- Younger age groups are slightly more at risk for depression than seniors, and women tend to have a higher risk of depression than men at all ages.

Suicide

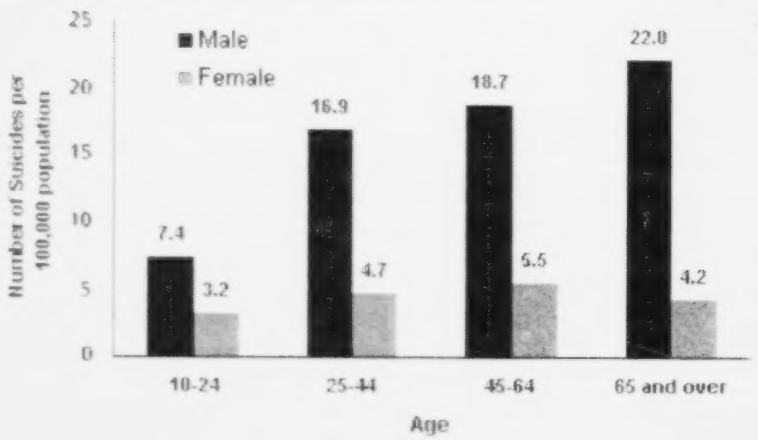
Suicide is a complex phenomenon that has many causes and underlying factors, such as a history of mental illness, addiction, and other demographic factors such as income and race. Up to 90 percent of people who have committed suicide had depression, problem substance use and/or a diagnosable disorder.

- Seniors account for approximately 12 percent of all suicides in Canada.
- Suicide rates in the general population are approximately four times higher for males than females (B.C. and Canada) and two and a half times higher for Aboriginals than non-Aboriginals (Canada).[5]
- Females in the general population were hospitalized for attempted suicide at about one and a half times the rate of males in 1998/1999 (Canada).[6]
- In 2002, the suicide rate for all men in B.C. was 17.8 deaths per 100,000 men. Men 65 and over have the highest suicide rate with 22 suicide deaths per 100,000.

Suicide rates as well as suicide attempts are hard to track and are under reported because of both the stigma attached to suicide and the misclassification of deaths and injuries as unintentional rather than intentional.

Suicide Rate per 100,000: BC 2002

SOURCE: Ministry of Management Services: Detailed Cause of Death by Gender and Age 2002



3
Education and Employment

Section Highlights

- Seniors have lower levels of education compared to the rest of the population.
- Senior men tend to have more formal education than senior women.
- Many of Canada's seniors have poor literacy skills.
- Seniors in British Columbia use the Internet more than seniors in other provinces.
- 10 percent of senior men and 3 percent of senior women are in the paid work force in Canada.
- 58 percent of seniors participated in more than one formal volunteer organization in 1997.

EDUCATION IS A KEY DETERMINANT of health, and this is especially true for seniors. Research suggests that:

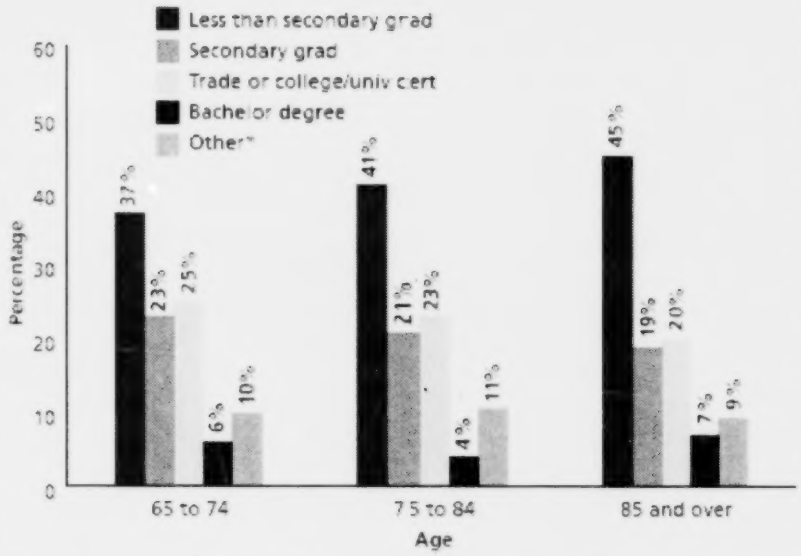
- Seniors with fewer than eight years of education have low rates of physical activity, regardless of differences in income, health, functional status, body mass, and chronic disease.[7]
- Low levels of education among seniors are associated with poorer psychological function, less than optimal health behaviours, and poorer biological conditions.
- Higher education may increase opportunities for sports and recreation and lead to a lifelong commitment to these activities.[8]
- Education equips people with a sense of control over their life circumstances.
- Education enables individuals to contribute to society, provides life management skills, and may lead to improved socio-economic circumstances and health status.[9]

Seniors' Education by Age

- In 2000/2001, about one-third of seniors age 65 to 74 had never graduated from high school. In comparison, half of men and women age 85 and over had not graduated.
- 8 percent of men age 65 to 74 had a bachelor degree in 2000/2001, but only about 4 percent age 85 and over had a bachelor degree.
- Only 6 percent of 65 to 74 year-old women had a bachelor degree, while 7 percent of women 85 and over had a degree.

Highest Level of Schooling for Women 65 and Over: B.C. 2001

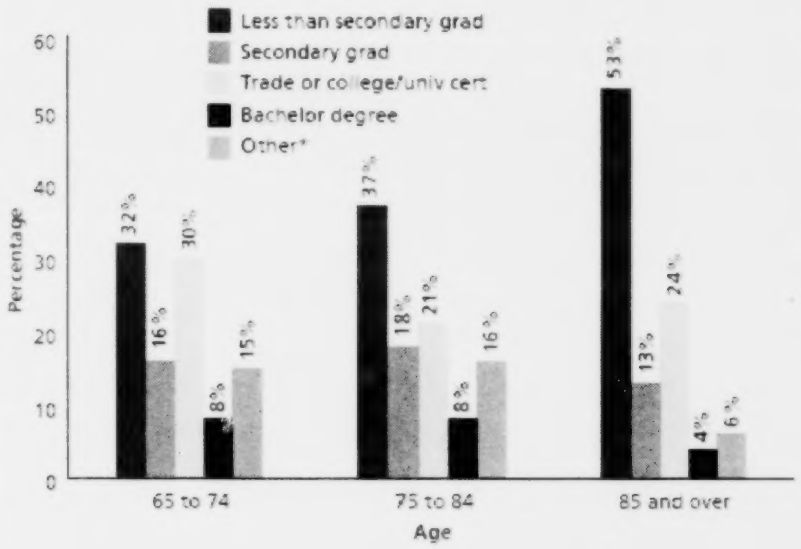
SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001



totals may not equal 100 percent due to rounding

Highest Level of Schooling for Men 65 and Over: B.C. 2001

SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001



totals may not equal 100 percent due to rounding

**Other includes respondents that have some post secondary education or a university certificate and respondents that did not state their educational level. Less than secondary grad includes respondents that do not have high school graduation. For example, it includes respondents that have grade 8 or lower and respondents that only have grade 11.*

Differences in age and education produce different expectations, perceptions, and priorities about health and health behaviours, as well as different barriers to health. Because younger seniors are better educated than older seniors, younger seniors may experience better health outcomes. As they age, we can expect today's younger seniors to be healthier than their predecessors, in part because they have more education.

Learning is a lifelong process and is essential to health and well-being. Informal or formal continuing education encourages seniors to continually challenge themselves intellectually and socially. Lifelong learning, be it upgrading work skills, learning a new technology, developing a hobby or enriching personal lives, engages seniors in a lifestyle of "active aging" which is defined by the World Health Organization, as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age."

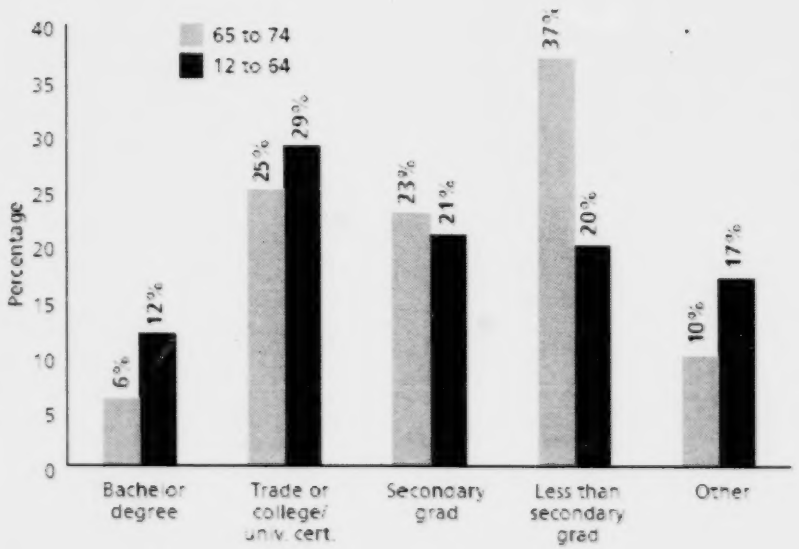
Seniors' Education Compared to the Rest of the Population

Seniors have a different educational profile than the rest of the population of British Columbia.

- 8 percent of senior men and 6 percent of senior women age 65 to 74 reported having a bachelor degree in 2000/2001, compared to 12 percent of men and women in younger age groups.
- In 2000/2001, approximately one-third of British Columbians age 65 to 74 had not graduated from high school, but only one-fifth of younger British Columbians had not graduated.

Highest Level of Schooling for Women* by Age: B.C. 2001

SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001



*Similar differences are also found among men.

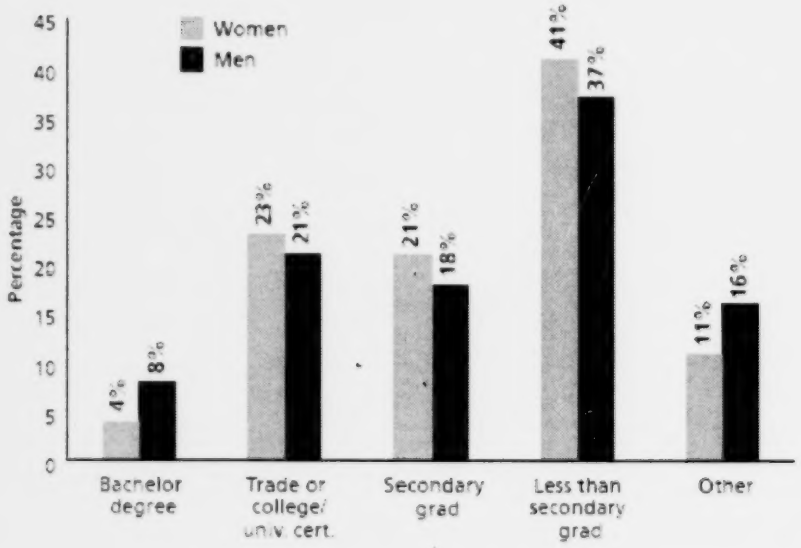
*totals may not equal 100 percent due to rounding

Seniors' Education and Gender

- A slightly higher proportion of senior men hold a university degree, trade or university certificate and other schooling than women.
- 4 percent of senior women age 75 to 84 had a bachelor degree in 2000/2001, compared to 8 percent of senior men in the same age group.
- 37 percent of men age 75 to 84 had not graduated from high school, compared to 41 percent of women in the same age group.

Highest Level of Schooling, Men and Women Age 75 to 84: B.C. 2001

SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001



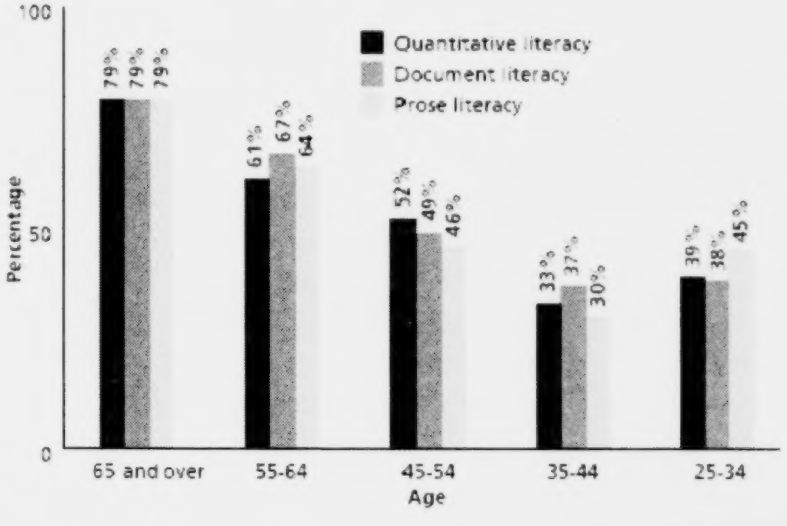
Seniors and Literacy (Canada)

Many of Canada's seniors have low literacy skills. Seniors' literacy skills are an important consideration in developing health care programs or linking them with self-help guidelines and supports that require an ability to read and understand information. As seniors gain more education, literacy rates are likely to improve. However, literacy may remain a challenge for recent senior immigrants.

- 79 percent of Canadian seniors have poor literacy abilities. The same is true for 38 to 45 percent of people age 25 to 34.

These are Canadian data, but it is likely that seniors in British Columbia have similar or slightly higher rates of literacy because, according to the 1996 census, seniors in British Columbia are better educated than seniors elsewhere in Canada.

Low-Literacy Abilities by Age Group: Canada 2001



SOURCE: Statistics Canada At Risk: A Socioeconomic Analysis of Health and Literacy among Seniors, (November 1998) Catalogue no. 89-552-MIE, no.5.

Quantitative literacy is defined as the ability to perform arithmetic functions such as balancing a chequebook, calculating a tip or completing an order form. Document literacy relates to the ability to locate and use information from documents such as job applications, payroll forms, transportation schedules, maps, tables and graphs. Prose literacy refers to the ability to understand and use information from texts such as editorials, news stories, poems and fiction.

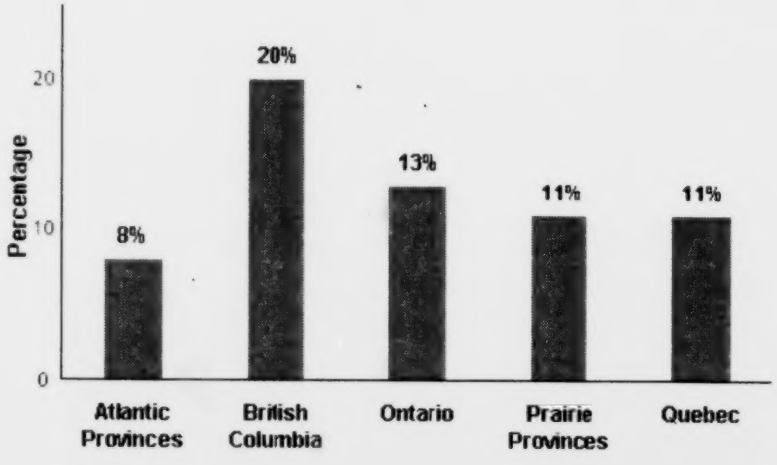
Seniors and Internet Use

Statistics Canada reports that seniors in British Columbia (age 60 and over) use the Internet proportionately more than seniors in other provinces. Higher Internet use may be attributable to higher literacy in British Columbia. Senior men are more likely to be Internet users than senior women, and seniors who use the Internet tend to have more education (in most cases a university education) and higher incomes than other seniors.

However, seniors have a lower proportion of Internet use than younger age groups. Because businesses and governments are embracing the Internet as a means of providing services and information, seniors who are not able to use the Internet may be at a disadvantage.

- 20 percent of seniors (age 60 and over) in British Columbia used the Internet during the year 2000. In comparison, 13 percent of seniors in Ontario and 8 percent in the Atlantic provinces had used the Internet.
- 35 percent of men age 55 and over in British Columbia were Internet users in 2000, compared to 21 percent of women in the same age group.
- 20 percent of seniors used the Internet in the year 2000, compared to 74 percent of people in British Columbia age 25 to 34 and 63 percent of people age 45 to 54.

Percentage of Internet Users Age 60 and Over by Province: 2000



SOURCE: Statistics Canada. Internet Use among Older Canadians (Ottawa: August 2001). Catalogue No.56F0004 MIE,No. 4:5.

Employment Status

Seniors' self worth and empowerment are often connected to their social roles, including employment roles, and can affect their health. Mandatory retirement can have negative health, social and financial consequences. Removing work from their lives can make seniors feel powerless and useless.

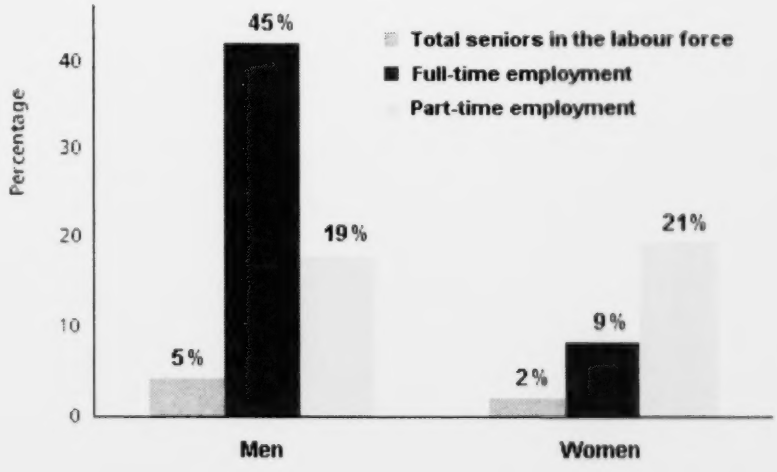
- 5 percent of senior men and 2 percent of senior women in B.C. are in the paid work force, with a significant proportion working part-time. Senior women in the paid work force (21 percent) are

more likely than senior men (19 percent) to be working part-time.

- Conversely, senior men (45 percent) are more likely than senior somen (9 percent) to be working full time.
- Many employed seniors are self-employed.
- More senior men are employed in management and professional occupations than senior women, and senior women are more likely to be in lower paying administration or sales and service jobs than senior men. However, senior men and women are both more likely to be employed in management and professional occupations than men and women in younger age groups.

Seniors and Employment Status: B.C. 2003

SOURCE: Statistics Canada. Labour Force Survey, 2003



**totals may not equal 100 percent due to rounding*

Volunteering (Canada)

Many Canadian seniors make significant contributions to society through volunteer work. The Statistics Canada report *Seniors and Volunteering: Canada 1997,* found that:

- 23 percent of seniors participated in at least one formal volunteer activity in 1997, and 8 percent participated in more than one formal volunteer activity.
- 58 percent of seniors participated in at least one informal volunteer activity in 1997.
- 80 percent made at least one charitable contribution in 1997.

4
Income

Section Highlights

- Many seniors receive the largest share of their income from government programs.
- Senior women are more likely than senior men to have low incomes.
- The majority of seniors have an annual personal income of less than $40,000.
- About one-third of seniors who receive Old Age Security also receive the Guaranteed Income Supplement and can be classified as having low incomes.
- Seniors spend more than half of their yearly income on basics such as shelter, food, and transportation.

THERE ARE SIGNIFICANT LINKS between income and health status. Generally, health status improves as income level rises, and a better income determines living conditions such as safe housing and the ability to buy sufficient and nutritious food.

- Poverty is related to poor health. People with higher incomes have better health than those with low incomes. Indicators such as mortality, morbidity, functional ability, and perceptions of health are all connected with income level.
- The longest life expectancies are found, not in the wealthiest countries, but in those with the smallest differences in income between the wealthiest and poorest citizens and the fewest people living in relative poverty. People with few socio-economic resources have poorer health, regardless of where they stand in the social hierarchy.

Seniors' Sources of Income (Canada)

Canadian seniors receive the largest share of their income from federal government programs. These include Old Age Security (OAS), the Spouse's Allowance, the Canadian/Quebec Pension Plan (C/QPP), the Guaranteed Income Supplement (GIS), and other government plans. Women rely on the OAS benefit much more than men. The GIS provides additional financial security for seniors with low incomes. Senior women are more likely to have low incomes than senior men. Senior men are more likely than senior women to have income from Registered Retirement Savings Plans (RRSPs), non-RRSP investments, and employment. Employment income makes up a very small share of seniors' incomes.

The Old Age Security Pension (OAS) is a federal monthly benefit available, if applied for, to most Canadians 65 years of age and over. The average monthly benefit was $441.43 (as of October- December, 2003).

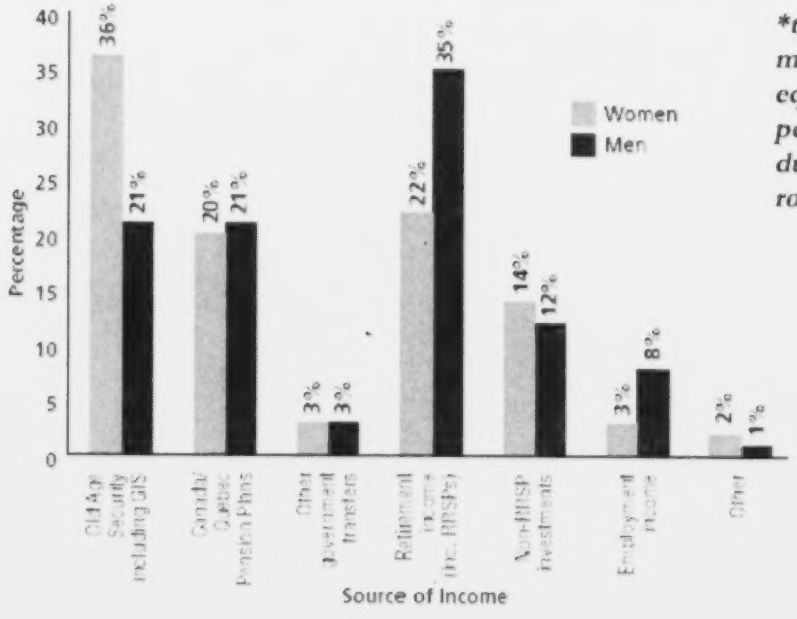
The Guaranteed Income Supplement (GIS) is a supplement given to; single seniors with an income of $13,176 or less; a spouse of a non-pensioner with an income of $31,920 or less; a spouse of a pensioner with an income of $17,184 or less; or a spouse of an Allowance recipient with an income of $31,920 or less. (Source: Human Resources Development Canada : Old Age Security Payment Rates October- December 2003).

The Allowance, which also includes an allowance for persons whose spouse or common-law partner has died, is paid monthly. It is designed to recognize the difficult circumstances faced by many surviving persons and by couples living on the pension of only one spouse or common-law partner. The average monthly benefit for an allowance was $306.69 and $493.94 for the survivor (as of October- December 2003).

- In 1998, 36 percent of senior women's income and 21 percent of senior men's income was from OAS.
- 35 percent of senior men's income and 22 percent of senior women's income was from planned retirement income.
- 3 percent of senior women's income and 8 percent of senior men's income was from employment income.
- Overall, 59 percent of senior women's income and 45 percent of senior men's income was from government programs, including OAS, C/QPP, and other government transfers.

Sources of Income for Senior Men and Women: Canada 1998

SOURCE: Adapted from: Statistics Canada: A Portrait of Seniors in Canada, Third Edition. Catalogue 89-519, Oct. 1999



**totals may not equal 100 percent due to rounding*

Senior women tend to have lower incomes due to their limited or sporadic participation in the labour market or their segregation into jobs with low pay and low benefits. Their tendency to have lower incomes makes them more vulnerable to health problems than senior men.

Seniors' Personal Incomes

The majority of seniors in British Columbia have an annual personal income of less than $40,000.

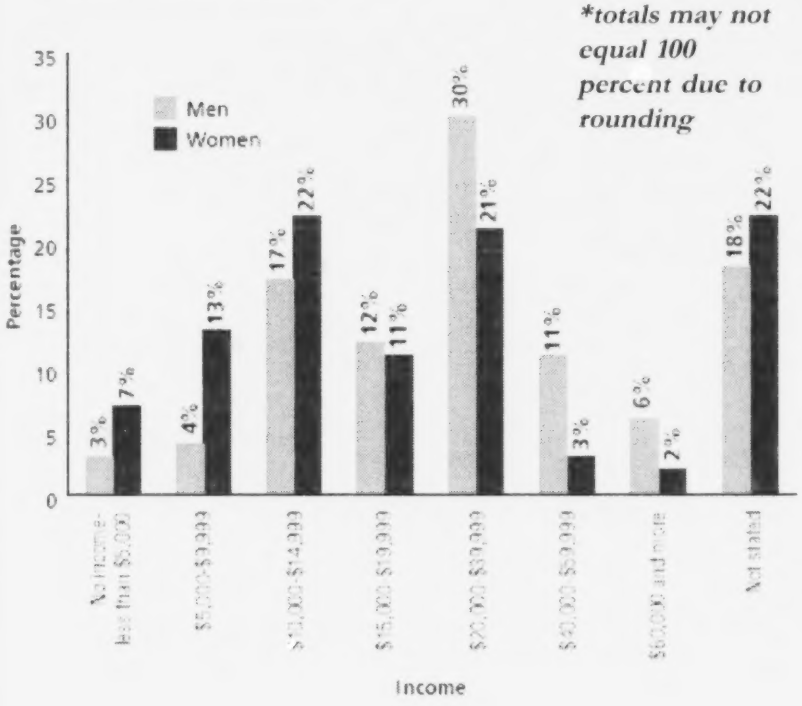
- 42 percent of senior women and 24 percent of senior men have incomes of less than $15,000.
- 36 percent of seniors have incomes of $20,000 or higher, but only 11 percent have incomes higher than $40,000.

- 17 percent of senior men, but only 5 percent of senior women, have incomes of $40,000 or more.
- 34 percent of seniors have an income of less than $15,000, 46 percent less than $20,000.

Seniors with low incomes, and this includes many senior women, are likely to have increased health problems because of their limited access to essential economic resources such as good housing and healthy food.

Seniors Total Personal Income from all Sources* by Gender: B.C. 2001

SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001.



*totals may not equal 100 percent due to rounding

*sources include employment income, Canada Pension Plan, Old AgeSecurity Program, social assistance and other.

Seniors' Personal Income by Age

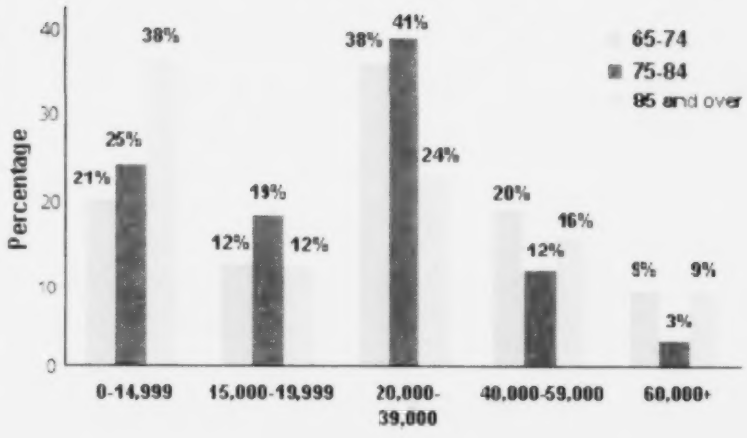
The personal incomes of senior men and women in British Columbia vary somewhat by gender and age. The variation is more apparent for senior men than for senior women. Younger senior men are more likely to have higher incomes than older senior men because they are more likely to be employed.

Men

- 33 percent of men age 65 to 74 and 51 percent age 85 and over have annual incomes of less than $20,000.
- 29 percent of men age 65 to 74 and 26 percent of men age 85 and over have incomes of $40,000 or more.

Senior Men: Total Personal Income by Age B.C. 2002

SOURCE: Statistics Canada, Canadian Community Health Survey 2002, Cycle 1.2



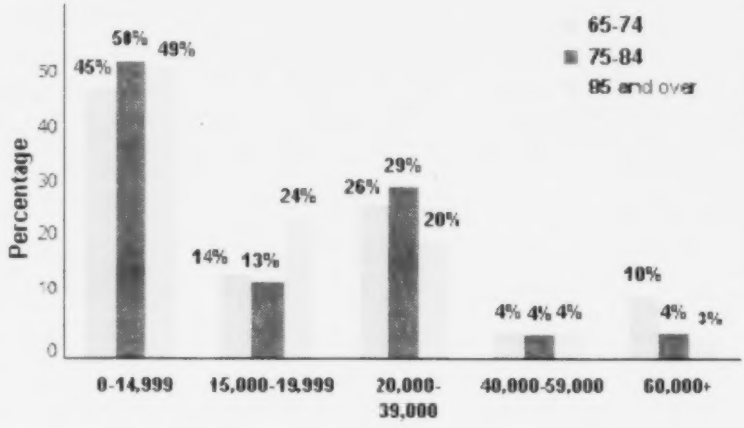
**totals may not equal 100 percent due to rounding*

Women

- 59 percent of women age 65 to 74 and 73 percent age 85 and older have annual incomes of less than $20,000.
- 15 percent of women age 65 to 74 and 7 percent age 85 and older have incomes of $40,000 or more.

Senior Women: Total Personal Income by Age B.C. 2002

SOURCE: Statistics Canada, Canadian Community Health Survey 2002, Cycle 1.2



**totals may not equal 100 percent due to rounding*

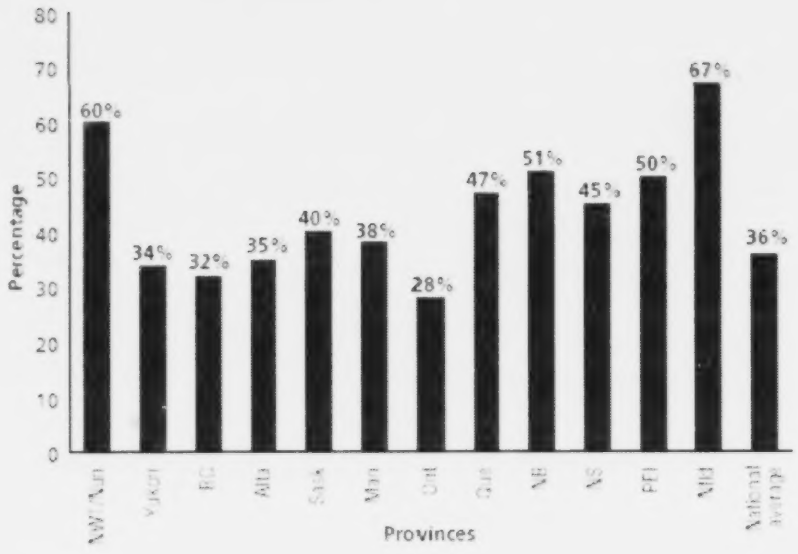
Number of Seniors Who Receive Old Age Security Benefits

As of December 2003, 527,677 seniors in British Columbia were receiving OAS, and 9,168 received an Allowance.[10] The Guaranteed Income Supplement (GIS) went to 172,554 seniors.

About one third of the seniors who receive OAS also receive the GIS and can be classified as low income seniors. However, British Columbia has fewer seniors on GIS than the national average and the second lowest percentage of seniors on GIS in Canada.

Percentage of Seniors on OAS Receiving GIS: Canada October 2002

SOURCE: Statistics Canada, Household Surveys Division



How Seniors Spend their Income (Canada)

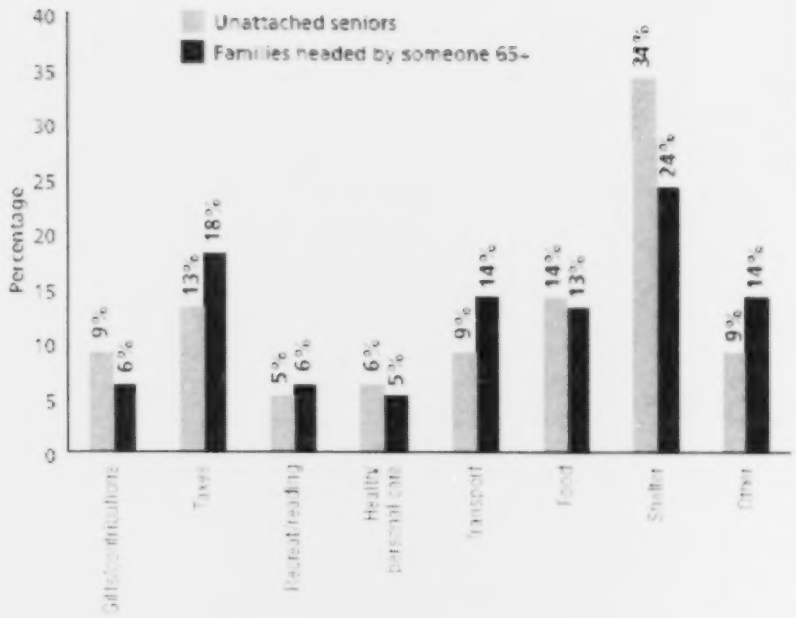
Seniors in Canada spend a large proportion of their income on necessities such as food, shelter, and transportation. There is not much difference between the expenditures of unattached seniors and those of families headed by someone age 65 or over. However, unattached seniors spend a higher proportion of their income on necessities such as shelter and transportation.

- Unattached seniors spend 57 percent of their income on basics such as shelter, food, and transportation, and senior couples and families headed by a senior spend 51 percent of their income on these items.
- 14 percent of the income of unattached seniors and 12 percent of the income of senior couples and families headed by seniors is spent on things such as gifts, recreation, and similar items.

Seniors' biggest expenditure is for shelter, followed by food and then transportation.

Distribution of Expenditures of Canadian Seniors: Canada 1997

SOURCE: Statistics Canada, Household Surveys Division.



**totals may not equal 100 percent due to rounding*

Income is a key determinant of health and is strongly linked to other important determinants such as housing and nutrition. On average, seniors have lower incomes than people in most other age groups. In general, Old Age Security (OAS) benefits, including Guaranteed Income Supplements (GIS), continue to provide the largest source of income for seniors. As in other groups, female seniors have lower incomes than their male counterparts, and unattached senior women have considerably lower incomes than unattached senior men.

5
Social Support

Section Highlights

- The vast majority of seniors report that they have high levels of social support.
- Most seniors report that they have a number of close friends and relatives.
- People living in more densely populated areas tend to report a lower level of social support.
- The vast majority of seniors have either moderate or high self-esteem.
- 15 percent of persons age 15 years and over spend time providing unpaid care to seniors.
- Most caregivers and most recipients of care are women.
- Caregivers provide a variety of different types of care.
- Many caregivers provide care for a significant period of time.

SOCIAL SUPPORT IS AN IMPORTANT FACTOR in seniors' health. Adequate social support reduces the negative effects of highly stressful situations such as a serious illness. Social ties promote seniors' health and are related to lower mortality and enhanced physical and psychological well being. Having no confidants and no companions is related to lower well being. However, the vast majority of seniors are involved in social networks and are not socially isolated.

Seniors' Self-Reported Social Support

Most seniors in British Columbia say that they have high levels of social support. They have someone to confide in and ask for advice, someone who makes them feel loved and cared for and someone they can count on in a crisis. A larger proportion of older seniors than younger seniors report having a high level of social support. There are no notable differences between senior men and women in self-reported social support. However, people living in more densely populated areas, such as Vancouver, tend to report a lower level of social support than those in less populated areas. Although there are high proportions of those living in Vancouver and other urban areas who report feeling supported, most of the time the proportions are consistently lower than other less densely populated areas of the province.[11] It is estimated that about 30 percent of residents in cities feel lonely and isolated.

- 69.7 percent of seniors report having a high level of social support, and 12.9 percent of seniors report having a medium level of social support.
- 65 percent of seniors age 75 years and over and 72.9 percent of seniors age 65 to 74 report having a high level of social support.

Number of Close Friends and Relatives by Gender and Age

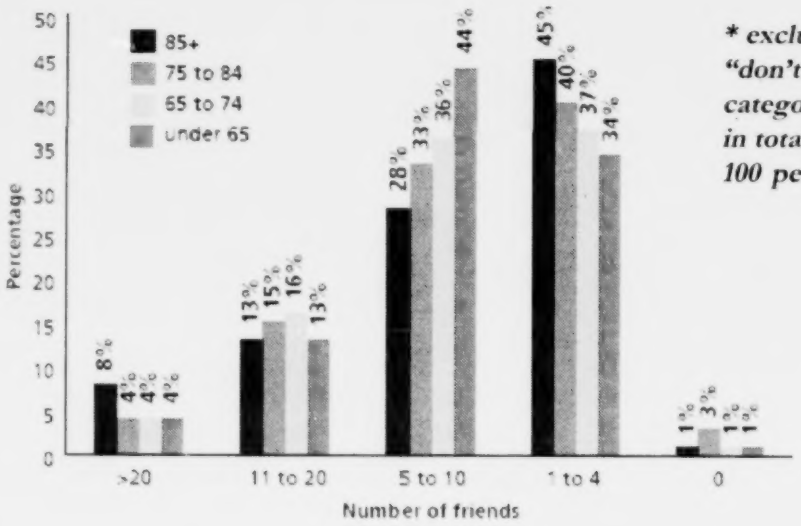
Family and friends tend to encourage seniors to adopt healthy lifestyle practices. Consequently, seniors with extensive friendship networks and companionship tend to have a better appetite, more protein intake, and more calories in their diet.[12]

A small proportion of seniors have no close friends or relatives. An estimated 3,582 men and 4,641 women, or more than 8,000 seniors do not have close friends and relatives they can turn to for support.

- 48 percent of men and 53 percent of women age 75 to 84 reported having from five to 20 close friends and relatives.
- About 37 percent of seniors age 65 to 74 said they have one to four close friends and relatives.
- 3 percent of seniors age 75 to 84 reported having no close friends or relatives. An additional 3 percent of women and 1 percent of men age 85 and over reported having no close friends or relatives.

Number of Close Friends by Age for Men: B.C. 2001

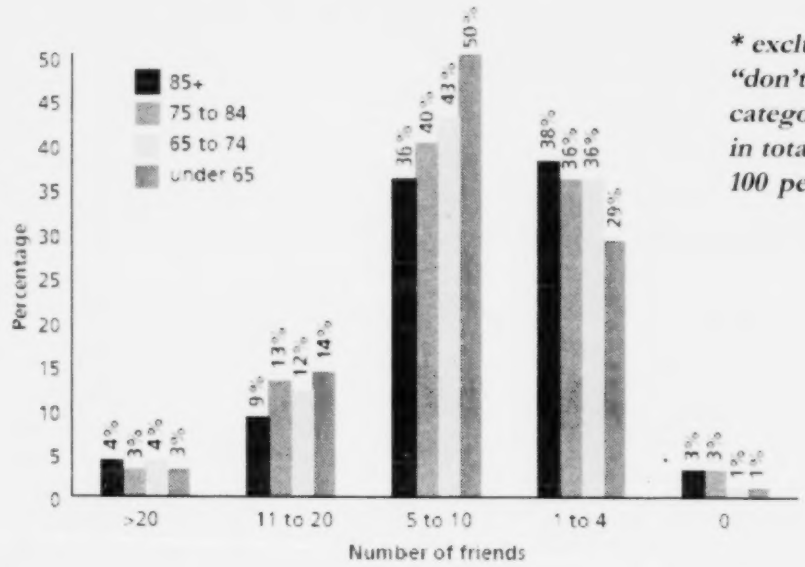
SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001



** exclusion of "don't know" category results in totals less than 100 percent*

Number of Close Friends by Age for Women: B.C. 2001

SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001



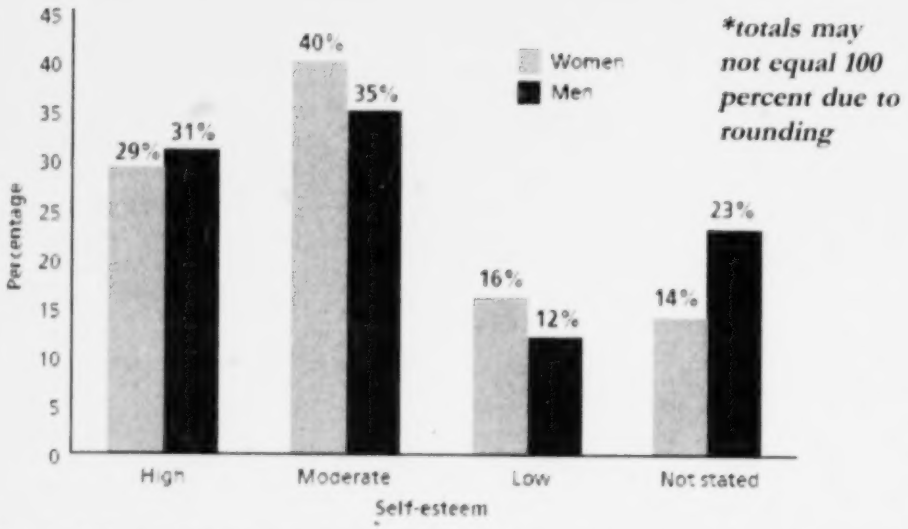
** exclusion of "don't know" category results in totals less than 100 percent*

Self-Esteem

Having good self-esteem is an essential component of being healthy. The vast majority of seniors have either moderate or high self-esteem (68 percent), however, 14 percent have low self-esteem. Little difference was found between men and women in levels of self esteem.

Seniors and Self-Esteem by Gender: B.C. 2001

SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001

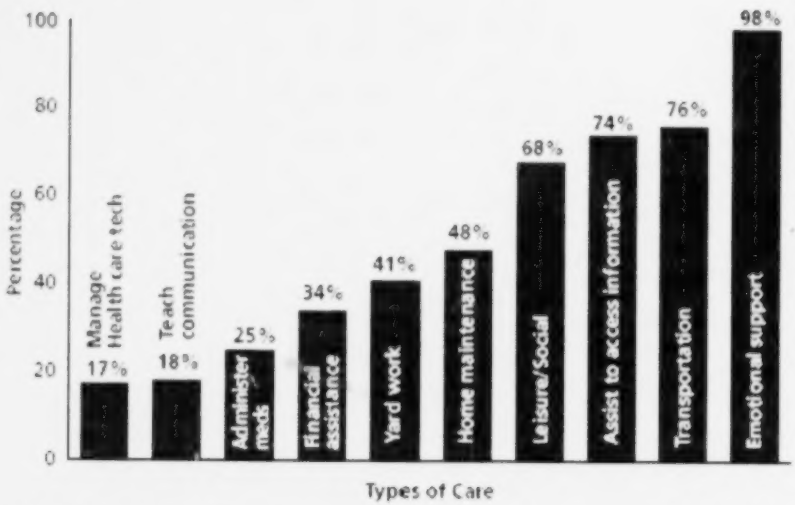


Caregiving

Caregiving means supporting a person who cannot function without assistance. Caregivers provide many different kinds of support including emotional support, transportation and help with accessing services and information. They also help with home maintenance tasks and yard work and with leisure and social activities. They provide financial support, help administer medications, teach communication skills, and manage health care technologies.

Types of Care Provided by Caregivers: B.C. 1995

SOURCE: Neena L. Chappell and Ray Litkenhaus, Informal Caregivers to Adults in British Columbia, Centre on Aging, University of Victoria and The Caregivers Association of B.C. (January 1995), 18.

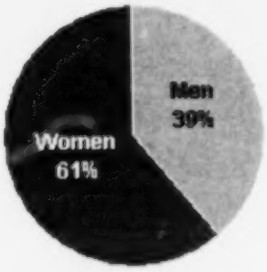


**1,789 caregivers in total were interviewed for this study in British Columbia. Although the study focused on care received by all adults in British Columbia, the majority of care receivers were seniors (66.4 percent).*

Characteristics of Care Recipients

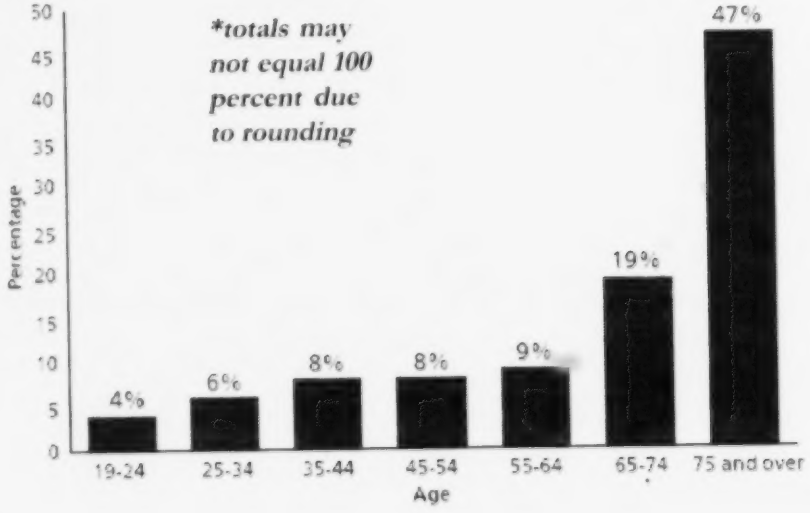
In 1995 most recipients of care in British Columbia were women. The majority of care recipients (66 percent) were 65 years and over, and those 75 and over received the majority of care. The people who were receiving care also tended to be older women. More senior women received care (61 percent) than senior men (39 percent).

Care Recipients by Gender



SOURCE: Neena L. Chappell and Ray Litkenhaus, Informal Caregivers to Adults in British Columbia, Centre on Aging, University of Victoria and The Caregivers Association of B.C. (January 1995), 18.

Care Recipients by Age: B.C. 1995

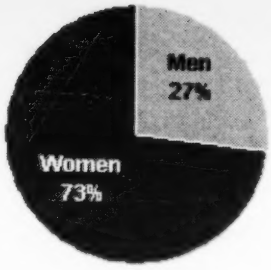


Characteristics of Caregivers

In 1995 almost three-quarters of caregivers (73 percent) in British Columbia were women and 27 percent were men. Many women are working, raising their children and providing care to seniors at the same time. Women in these positions may experience financial, emotional, and health consequences as a result of their multiple roles.

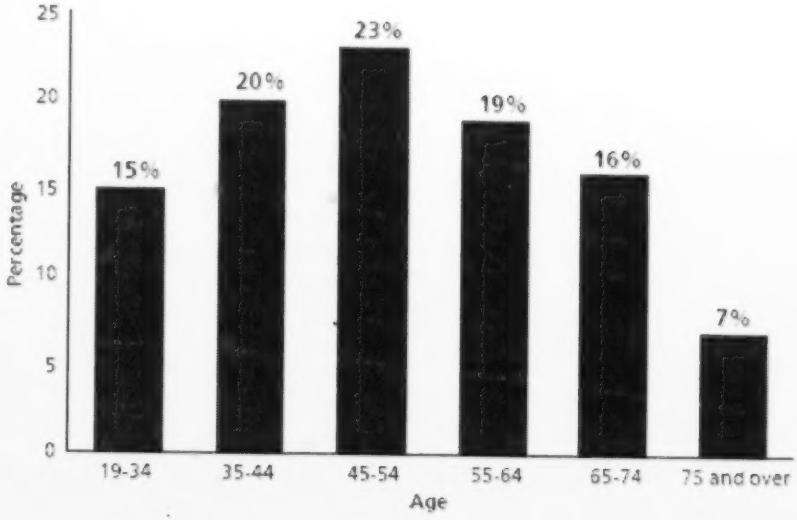
- Most caregivers (77 percent) were under the age of 65, but about one quarter (23 percent) were 65 years or over.
- In 1995 the mean age of caregivers was 52 years old.

Caregiver Gender



SOURCE: Neena L. Chappell and Ray Litkenhaus, Informal Caregivers to Adults in British Columbia, Centre on Aging, University of Victoria and The Caregivers Association of B.C. (January 1995), 18.

Caregiver by Age: B.C. 1995



SOURCE: Neena L. Chappell and Ray Litkenhaus, Informal Caregivers to Adults in British Columbia, Centre on Aging, University of Victoria and The Caregivers Association of B.C. (January 1995), 18.

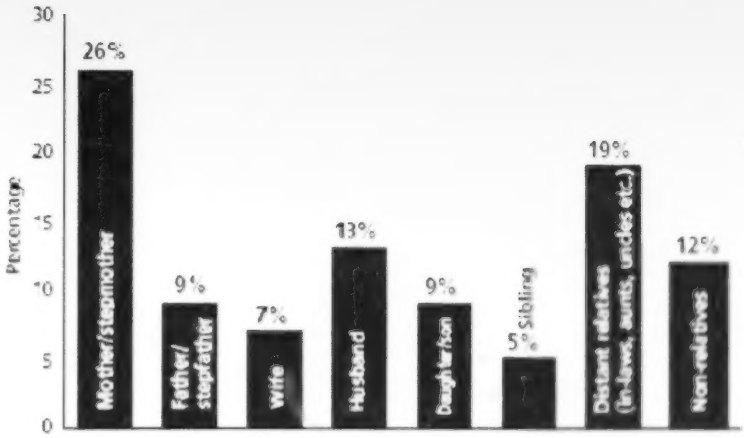
Care Recipient/ Caregiver Relationships

Most recipients of care are the caregiver's parent or spouse. The most common care recipient/caregiver relationships in 1995 were a daughter caring for a mother or a wife caring for a husband.

- Approximately 69 percent of care recipients were close relatives of the caregivers; about 32 percent were distant or non-relatives.
- Approximately 26 percent of care recipients were the mothers or stepmothers of caregivers; about 9 percent were caregivers' fathers or stepfathers.

Care Receiver's Relationship to Caregiver: B.C. 1995

SOURCE: Neena L. Chappell and Ray Litkenhaus, Informal Caregivers to Adults in British Columbia, Centre on Aging, University of Victoria and The Caregivers Association of B.C. (January 1995), 28.



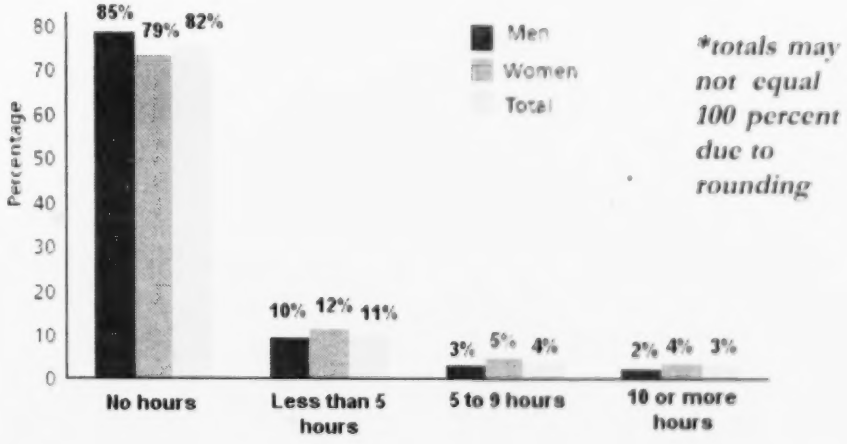
Hours of Unpaid Care for Seniors

In 1996, about 15 percent of people age 15 years and over spent time in the week before census day providing unpaid care to seniors. Women spent slightly more hours than men giving care to seniors. The hours spent on unpaid care for seniors in Canada were similar to those in British Columbia.

- 4 percent of people age 15 years and over reported spending five to nine hours on unpaid care to seniors, and 3 percent reported spending 10 or more hours.
- 5 percent of men and 9 percent of women reported spending five or more hours on unpaid care for seniors.

Population 15 Years and over by Hours Spent on Unpaid Care to Seniors: B.C. 2001

SOURCE: Statistics Canada, 2001 Census



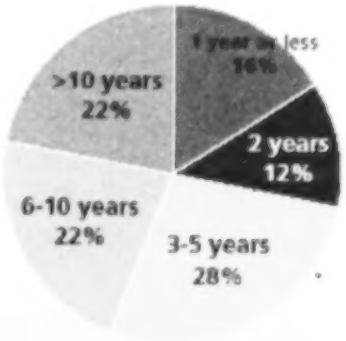
**Care to Seniors refers to the number of hours caregivers spent providing unpaid care or assistance to seniors in the week prior to census day. This includes hours spent providing care for senior members of one's own household, for senior family members outside the household, friends or neighbours.*

Extent of Care

Caregivers provide extensive support to the people who need care and make up a strong informal social network in British Columbia. The length of time involved in caregiving ranges from less than one year to more than 10 years.

- In 1995 the average number of years of caregiving was 7.7 years. About 43 percent of caregivers had provided care for more than five years.
- Approximately 68 percent of caregivers spent more than one hour a day providing care.
- Close to three-quarters of caregivers (73 percent) provided care seven or more times a week.

Number of Years Spent Caregiving: B.C. 1995



SOURCE:
Neena L. Chappell and Ray Litkenhaus, Informal Caregivers to Adults in British Columbia, Centre on Aging, University of Victoria and The Caregivers Association of B.C. (January 1995), 17.

Rewards and Challenges Involved in Caregiving

For most caregivers, caregiving is a matter of balancing rewards and challenges. Most say that the most rewarding aspect of caregiving is related to the personal relationship with the care recipient, the closeness of the relationship and making the care recipient happy. About half of the caregivers report that challenges include feeling helpless and seeing the care recipient suffer or lose independence.

- In 1995 about a quarter of caregivers reported that the most rewarding part of caregiving was being able to help.
- About 9 percent of caregivers said that caregiving presented no difficulties for them.
- Approximately 7 percent of caregivers found nothing rewarding about caregiving.
- 16 percent of the challenges caregivers reported were related to a specific problem of the care recipient, and 13 percent centred on the care receiver's loss of freedom.

6
Personal Health Practices

Section Highlights

- More than any other age group, seniors rate their eating habits as "very good" or "excellent"
- Seniors tend to be less physically active than younger age groups.
- Few seniors smoke, and seniors as a group are less likely to smoke than any other age group.
- Seniors are less likely than other age groups to consume alcohol regularly or to be heavy drinkers.
- Most seniors take prescription medication regularly.
- Many seniors on medication take three to six different kinds of medication.

PERSONAL HEALTH PRACTICES are activities that people engage in either consciously or unconsciously that affect their health. Major personal health practices include physical activity, nutrition, non-smoking, limiting alcohol consumption and wise use of medications.

- All seniors, even those with serious health problems, can enjoy substantial physical and psychological benefits by remaining physically active.
- For older Canadians, nutritional well-being is essential for health, independence and length and quality of life. A healthy diet can help reduce health problems associated with cancer, osteoporosis, cardiovascular diseases, and obesity.
- Smoking is the number one preventable cause of death and disease in Canada, and it is implicated in eight of the top 14 causes of death for adults 65 years of age or older. Smoking

causes disabling and fatal diseases, including lung and other cancers, heart and circulatory diseases, and respiratory diseases such as emphysema. Smoking also accelerates the rate of decline in bone density, contributing to osteoporosis, during aging.[13]

- Seniors are believed to be more sensitive to alcohol than younger people. Aging changes the body's absorption, distribution and elimination of substances and leads to an increased sensitivity to alcohol and other drugs.
- Of those seniors with reduced mental functioning, alcohol abuse is often an underlying cause. It can lead to falls, confusion, self-neglect, injuries, and other conditions associated with dementia.
- Medications provide great benefits to seniors. However, drugs may harm seniors' health if they are misused or combined with other medications inappropriately. Prescription medications that are unnecessary, inappropriate, or misused, whether accidentally or deliberately, can all increase the risk of drug-related illnesses, hospitalizations and unwanted side effects.

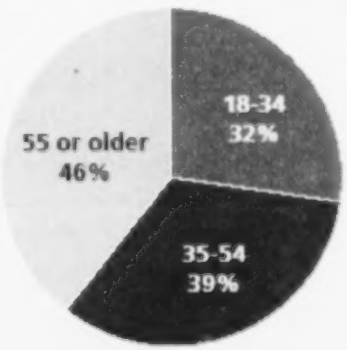
Nutrition (Canada)

SOURCE: National Institute of Nutrition. Enhancing Seniors Nutrition: From Awareness to Action, Forum Report (1998).

Almost half of Canadian adults age 55 years or older rate their eating habits as "very good" or "excellent." The same is true of only about one-third of adults between 18 and 34 years and 39 percent of adults age 36 to 54. As age increases beyond 55 years, the proportion of people who rate their diets positively also increases.

- 73 percent of women age 55 to 64 ranked nutrition as "extremely" or "very" important, as did 62 percent of those age 75 years and older.
- 55 percent of men age 55 to 64 years ranked nutrition as "extremely" or "very" important, as did 62 percent of men age 75 years and older.

Percentage of the Population Rating their Eating Habits as Very Good or Excellent by Age: Canada, 1997



SOURCE: National Institute of Nutrition. Enhancing Seniors' Nutrition: From Awareness to Action. Forum Report, (1998).

Nutritional Risks

A proportion of seniors are malnourished, or report not being able to afford a healthy diet. Lower calorie requirements, yet higher nutrient requirements, the loss of lean body mass and less physical activity associated with aging contribute to an increased risk of malnutrition and nutrient intake deficiencies that may affect the functioning and quality of life of seniors.

- 5 percent of Canadians age 55 or older reported not having enough money to buy healthy food in 1997.
- 15 percent of older Canadians with annual incomes of less than $10,000 said they could not afford a healthy diet.[14]
- 15 percent of seniors living in the community are malnourished.[15]

Seniors who are able to move about freely and take care of themselves have the lowest rates of malnutrition,[16] but seniors who are frail and chronically ill tend not to eat enough.

- Among seniors in a large Canadian city who received community services, 42 percent reported that they had lost weight unintentionally in the previous year and that their calorie and protein intakes were found to be low.[17]

Dietary Practices

SOURCE: British Columbia Nutrition Survey (2004), B.C. Ministry of Health Services (In Press).

Canada's Food Guide to Healthy Eating recommends foods from each of the four food groups be eaten every day by all adults. However, the 2004 B.C. Nutrition Survey found that most adults, including seniors, did not eat enough from each food group.

- Slightly less than 50 percent of men aged 65 to 84 years and close to 60 percent of women aged 65 to 84 years did not eat the recommended five servings of vegetables and fruit per day. This led to inadequate intake of important vitamins and minerals, particularly folate needed for healthy blood and bones. Similarly low dietary fibre was a concern as 80 percent of seniors were not getting the amounts recommended for a healthy digestive system and to reduce the risk of chronic diseases.
- More than 80 percent of men and women aged 65 to 84 years consumed less than the recommended two servings of milk products per day, and therefore had low intakes of dietary calcium. Adequate calcium intake is important for optimal bone health and to prevent osteoporosis.
- While the majority of senior men ate enough grain products and meat and alternatives, this was not the case for senior women. About 70 percent of women aged 75 to 84 years consumed less than 100 grams of meat and alternatives per day putting them at risk for inadequate intakes of key minerals and vitamin B12 needed for normal blood and nerve function.

- Many BC adults took nutritional supplements; a practice that increases with age. About 60 percent of men over 71 and 80 percent of women over 71 years took nutritional supplements. This practice plays an important role in improving the nutritional health of seniors, especially senior women.
- 66 percent of seniors are overweight or obese. Too many high calorie, low nutrient foods contributed to this finding.

Physical Activity

As people age, they become less active. Younger age groups are more likely to be physically active than seniors age 65 and older, and younger seniors are more likely to be physically active than older seniors. Men are more likely to be physically active than women. Only 10 percent of seniors age 85 and older are physically active. The fact that a significant proportion of the senior population is not physically active is a potential health issue.

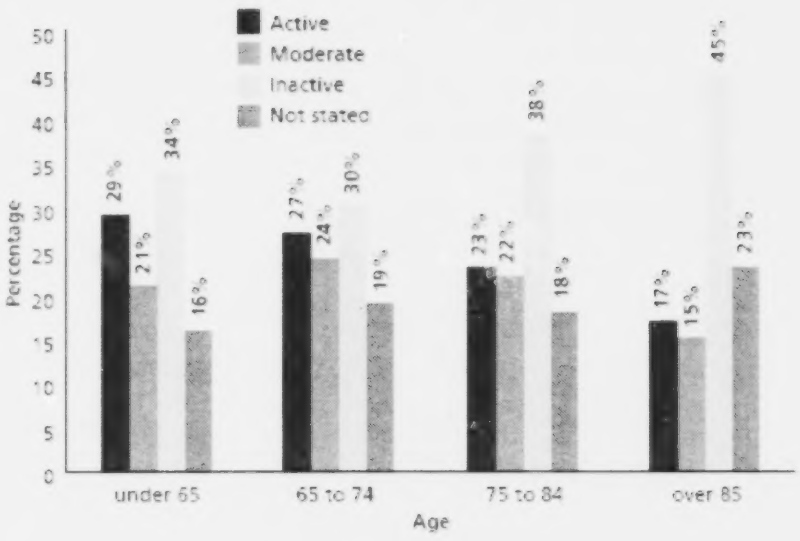
- 27 percent of men and 22 percent of women age 65 to 74 are physically active, compared to 29 percent of men and 27 percent of women under 65.
- 23 percent of men and 13 percent of women age 75 to 84 are physically active.
- 45 percent of men and 61 percent of women age 85 and over are not physically active.

Definitions of Levels of Physical Activity

- Inactive or sedentary is defined as using less than 1.5 kilo-calories per kilogram of body weight per day.
- Moderately Active is defined as using 1.5 to three kilo-calories per kilogram of body weight per day. For example, walking for about 30 minutes.
- Active is defined as using three or more kilo-calories per kilogram of body weight per day. For example, walking at least one hour.

Physical Activity by Age, Men: B.C. 2001

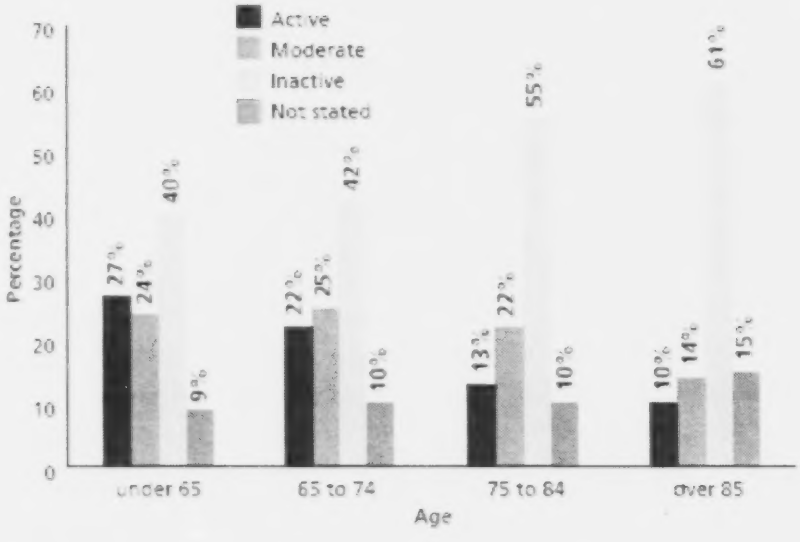
SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001



**totals may not equal 100 percent due to rounding*

Physical Activity by Age, Women: B.C. 2001

SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001



**totals may not equal 100 percent due to rounding*

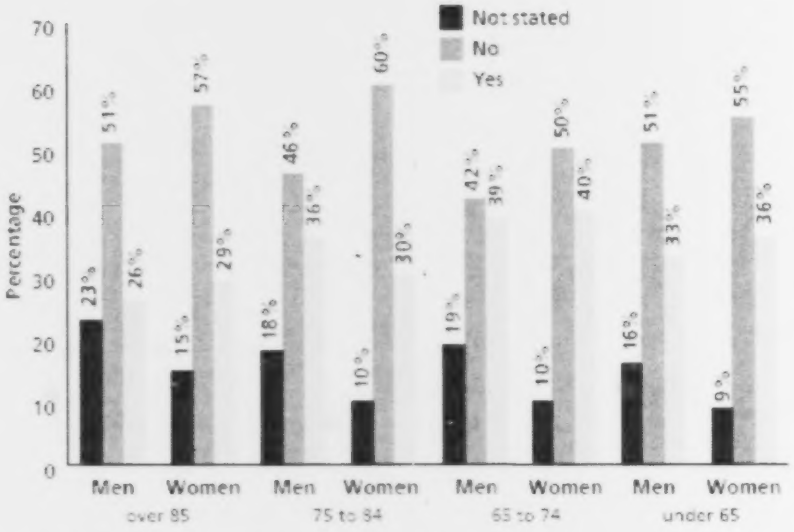
Daily Physical Activity

Approximately one-third of British Columbians age 65 and over participate in daily physical activity, a rate similar to the rest of the population. Seniors age 85 and over are less likely to participate in daily physical activity than other age groups.

- About 36 percent of men age 75 to 85 are physically active on a daily basis, compared to 30 percent of women in the same age group.
- 39 percent of men age 65 to 74 and 26 percent of men age 85 and over are physically active on a daily basis.
- 29 percent of women age 85 and over are physically active on a daily basis compared to 40 percent of women age 65 to 74.

Percentage of Seniors, by Age, Participating in Daily Physical Activity: B.C. 2001

SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001



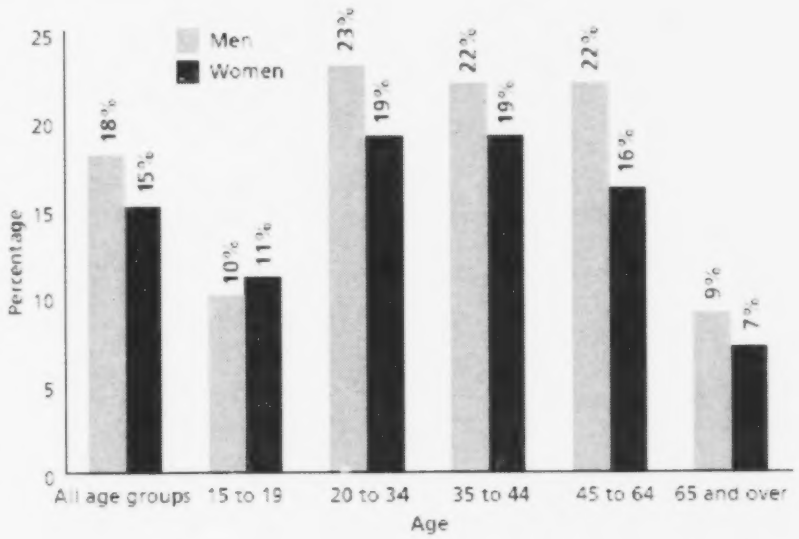
**totals may not equal 100 percent due to rounding*

Smoking

Only a small percentage of seniors in British Columbia smoke daily and they are less likely to smoke daily than younger age groups. Overall, as age increases after age 20, daily smoking decreases. There seem to be no major differences in daily smoking between senior men and senior women.

- Only 8 percent of seniors smoke daily, compared to 20 percent of people age 35 to 44.
- 9 percent of senior men and 7 percent of senior women are daily smokers.

Percentage of Daily Smokers by Age and Gender: B.C. 2001



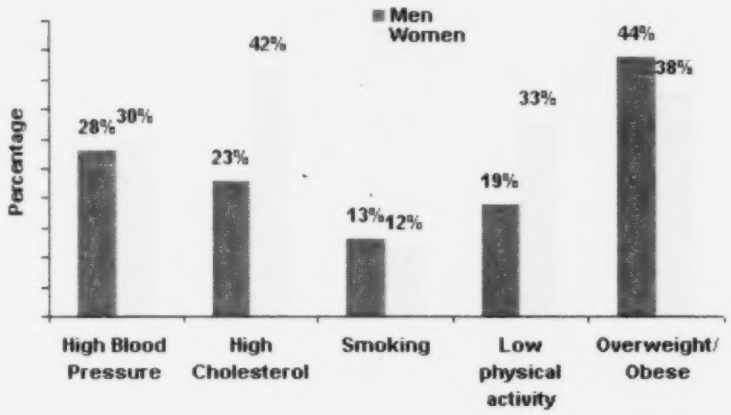
SOURCE: Statistics Canada, CANSIM II, table 105-0027 and Catalogue no. 82-221-XIE

Cardiovascular Risk Factors

As in all Canadians, cardiovascular disease is the leading cause of death among seniors. Risk factors for cardiovascular disease include high blood pressure (hypertension), high cholesterol, smoking, low levels of physical activity and being overweight or obese. Cardiovascular disease is very much influenced by lifestyle choices such as nutrition, exercise and smoking.

- BC has a significantly lower level of high blood pressure than the Canadian average of 56 percent for senior men and 58 percent for senior women.
- Women are almost twice as likely to have high cholesterol than men.
- Men are more likely to be physically active than women.

Prevalence of Cardiovascular Risk Factors Among Senior Population



SOURCE: British Columbia Nutrition Survey 2004. B.C. Ministry of Health Services (In Press)

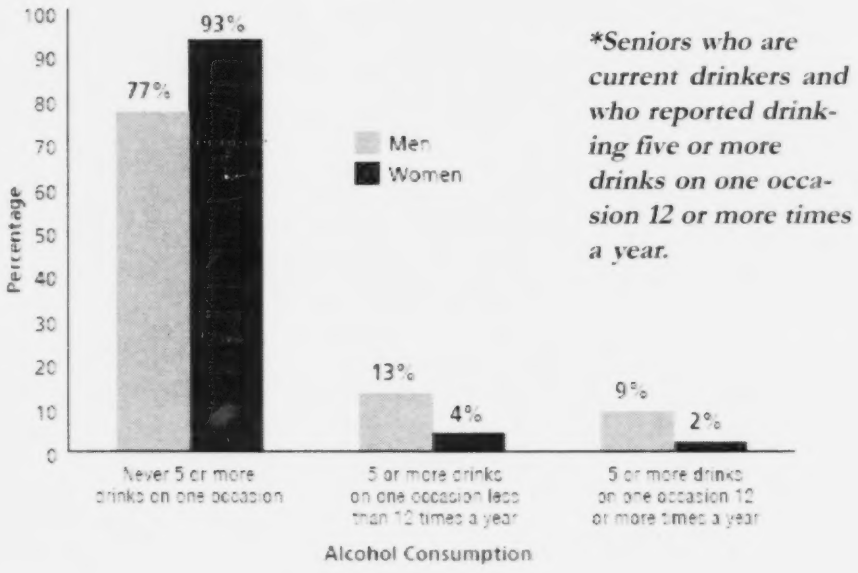
Alcohol Use

Most seniors in British Columbia are not heavy drinkers.

- 85 percent of seniors never have five or more drinks on one occasion.
- 8 percent of seniors reported having five or more drinks on one occasion less than 12 times a year.
- Only 6 percent drank five or more drinks on one occasion 12 or more times a year.
- About 9 percent of senior men, and only 2 percent of senior women, have five or more drinks on one occasion, 12 or more times a year.

Frequency of Heavy Drinking* for Seniors: B.C. 2001

SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001



**Seniors who are current drinkers and who reported drinking five or more drinks on one occasion 12 or more times a year.*

**totals may not equal 100 percent due to rounding*

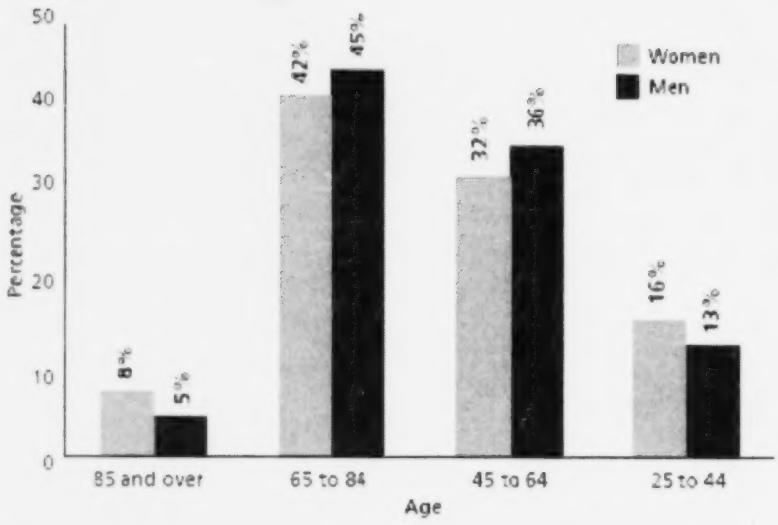
Alcohol Related Deaths

Despite seniors' low alcohol use, they accounted for about half of all alcohol related deaths in British Columbia in 2001. A higher percentage of younger seniors than older seniors died from alcohol-related causes. Alcohol related conditions such as alcoholic liver disease and neurological disorders are chronic conditions which can take years to develop. The number of alcohol related deaths in seniors may not be related to the quantity of alcohol seniors are drinking at that point in their lives.

- About 49 percent of all alcohol-related deaths in 2001 were seniors; a total of 877 deaths.
- 45 percent of all male deaths that were alcohol-related occurred among senior men age 65 to 84, and approximately 5 percent occurred among senior men age 85 and over.

Alcohol-Related Deaths* by Age and Gender, B.C. 2001

SOURCE: B.C. Vital Statistics Agency Annual Report 2001



totals may not equal 100 percent due to rounding

Alcohol-related deaths are based on the ICD-10 diagnostic categories for which the resulting deaths are directly attributable to the use or abuse of alcohol. They include: alcoholic intoxication, alcoholic psychosis and dependence, alcoholic liver disease, alcoholic neurological disorders, alcoholic cardiomypathy, alcoholic gastritis, alcoholic chronic pancreatitis, alcohol poisoning and other causes.

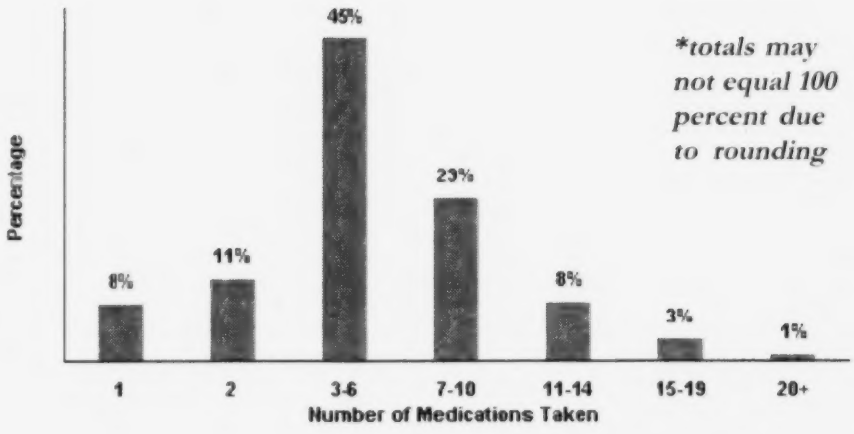
Prescription Medications

About 75 percent of seniors in British Columbia take prescription medication on a regular basis.[18] Because problems associated with drug use are more common among seniors who take several drugs, the number of medications seniors take can be a health issue. Most seniors who use medication take several different ones for different purposes. A minority of seniors who take medication take only one medication.

- 8 percent of seniors on medication take only one; 12 percent take two medications for different health purposes.
- 45 percent of seniors on medication take three to six medications for different health purposes. In comparison, 8 percent of seniors take 11 to 14 medications.
- 4 percent of seniors on medication take over 15 medications

Number of Medications Taken by Seniors*

SOURCE: B.C.PharmaCare, Ministry of Health Services



**The number of medications taken by seniors is based on the number of B.C. PharmaCare claimants in year 2002 and refers to medications taken by seniors for different health purposes. For example, three medications implies that seniors are taking three medications for different health purposes. For instance, they might be taking one drug for high blood pressure, another for diabetes, and one for sleeping. Medication refers to a distinct chemical. It does not refer to medication differentiated by the dosage or manufacturer. The number of medications also does not take into account the number of prescriptions filled, the quantity of the drug, or the strength of the dosage.*

Misuse of Prescription Medications

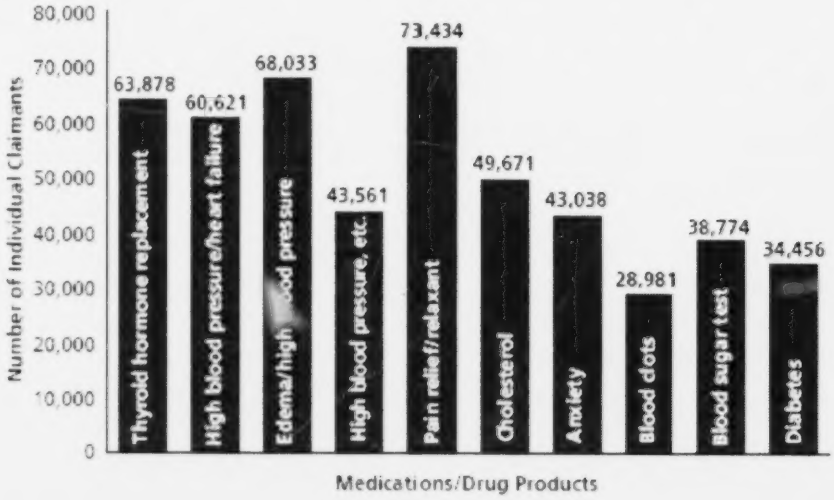
Medications can enhance the quality of life for many seniors by minimizing the effects of disease and disability, but in certain circumstances these same medications may also be associated with creating health problems. Studies of the misuse of medication have produced the following observations:

- Some seniors who take medications may use them inappropriately. There is a wide range of inappropriate use of medications from as little as 18 percent to as much as 50 percent. This wide range of inappropriate use may depend on the number of medications prescribed.[19]
- Approximately 19 to 28 percent of all hospital admissions for patients over 50 years old are the result of problems with medication.[20]
- 60 percent of these admissions are the result of adverse reactions to medications and 40 percent are the result of non-compliance (over-use, under-use and misuse of medications).[21] Drug-related admissions are more common for patients who take multiple drugs.[22]

- Patients may be selective about when and how they comply with prescriptions, depending on which drugs they perceive as most important for their health. Compliance with cardiac drugs seems high. Older patients often discontinue using other medications because they feel they are unnecessary or because they have experienced unpleasant side effects. Compliance also decreases when patients feel they are taking too much medication.[23]

Number of Individual Claimants* by Medication/ Drug Products for Seniors: B.C. 2001

SOURCE: B.C. PharmaCare, Ministry of Health Services



**Individual claimants refers to the number of individuals who filled a claim through B.C. Pharmacare.*

7
Housing

Section Highlights

- Most seniors live in private households and in single detached houses.
- Older seniors are more likely than younger seniors to live alone.
- A much smaller proportion of senior men live alone than senior women.
- More senior women than senior men age 85 and older live in a health care institution.
- About 60 percent of seniors maintain a household.

PHYSICAL ENVIRONMENT, which includes transportation and housing, is an important determinant of seniors' health. Housing is especially important for seniors because appropriate housing can mean the difference between independence and dependence.

Seniors' Living Arrangements

Ninety-four percent of BC seniors lived in the community. Most senior women age 65 to 84 resided in private households in 2001. Only a minority of senior women lived in other kinds of residences. Older senior women age 75 to 84 are much more likely to be living alone (47 percent) than younger senior women age 65 to 74 (25 percent). Younger senior women are more likely to be living with a spouse or partner than are older senior women.

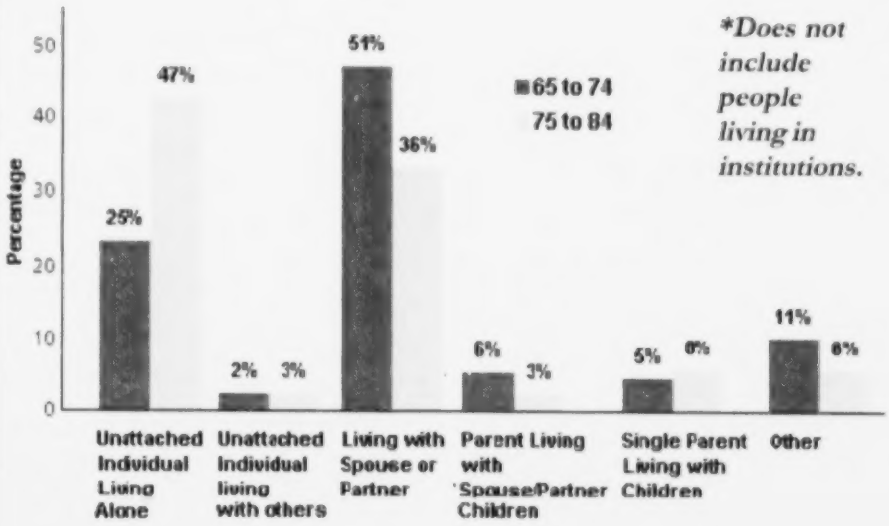
The high incidence of widowhood among older senior women may account for this difference. Health issues may arise when seniors live alone as they may become more socially isolated, which is linked to health status.

A much smaller proportion of senior men than senior women live alone in private households. The majority of senior men live with a spouse or a partner. However, men age 75 to 84 are slightly more likely to be living alone than men age 65 to 74.

- 22 percent of men age 75 to 84 live alone, compared to 47 percent of women in the same age group.

Living arrangements for Women in Private Dwellings* by Age: B.C. 2001

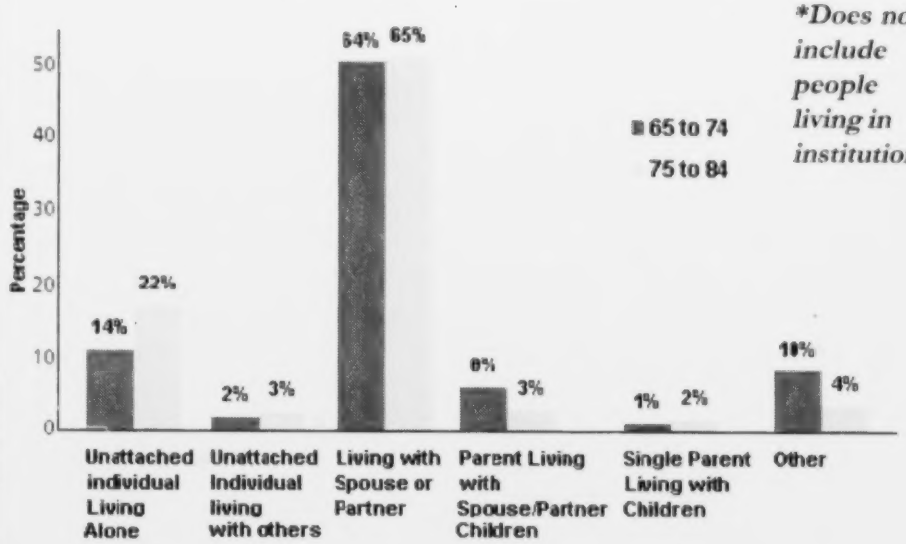
SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001



*Does not include people living in institutions.

Living arrangements for Men in Private Dwellings* by Age: B.C. 2001

SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001



*Does not include people living in institutions.

Living arrangements among seniors age 85 and older vary substantially by gender. Women in this age group are much more likely to live alone than men. The proportion of men age 85 and older who live with a spouse or partner is more than four times higher than the proportion of women in the same age group. Women in the 85 and older age group are also more likely than senior men to be living in a health care institution. This is probably a result of women's greater longevity and the higher proportion of elderly women than elderly men in the population.

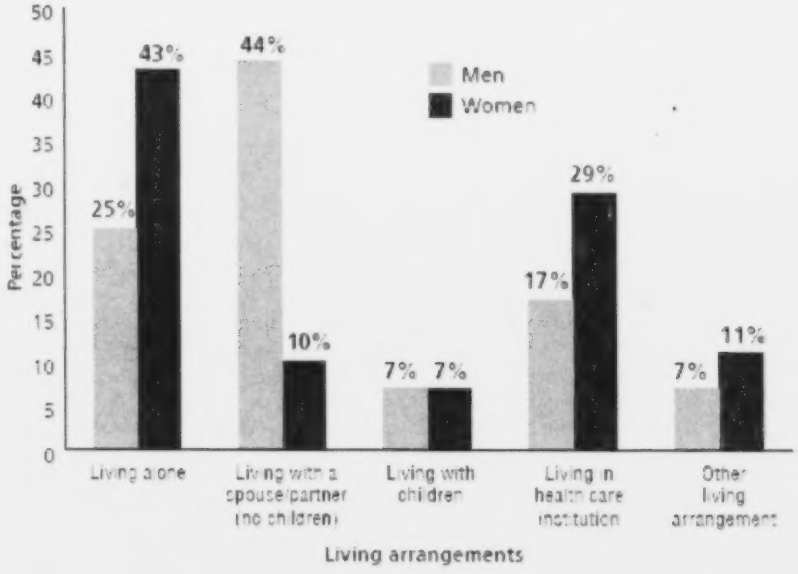
- 43 percent of women 85 and older live alone, compared to 25 percent of men in the same age group.
- 29 percent of women and 17 percent of men in the 85 and over age group live in a health care institution.

In British Columbia approximately 336,600 seniors (61 percent) maintain a household and pay the expenses in the dwelling where they live. Ten percent of the people who maintain households are seniors age 75 years and over; 11 percent are seniors age 65 to 74.

The vast majority of seniors age 65 to 74 who maintain a household own their dwellings (82 percent). The same is true of 76 percent of seniors age 75 and over who maintain a household. Only 18 percent of those age 65 to 74 who maintain a household and 24 percent of seniors age 75 and over live in rented dwellings.

Living Arrangements for Seniors Age 85 and Over by Gender: B.C. 2001

SOURCE: Statistics Canada, Canadian Community Health Survey: Cycle 1.1, 2000/2001



8
Abuse in Later Life

There are different forms of abuse and neglect in later life. Abuse may be physical, psychological, financial, systemic, or sexual in nature, and it may involve active or passive neglect, or the violation of rights. Abuse and neglect are important health, legal and social issues that can be addressed through positive government, community and business efforts.

Abuse and neglect can occur within family, in other close relationships, or it may be perpetuated by people in positions of trust or authority.

Elements that can influence the long term effects of abuse on health include the availability of emotional support, the manner in which family and friends respond to the situation, and the person's sense of control over the situation.

Abuse Harms Health

Living with abuse or neglect in later life increases older adults' mortality rates. Financial abuse can reduce older adults' incomes or savings, and lead to stress and financial strain. Stress from abuse or neglect can aggravate and accelerate the development of other health problems, while physical abuse itself can cause injury and death.

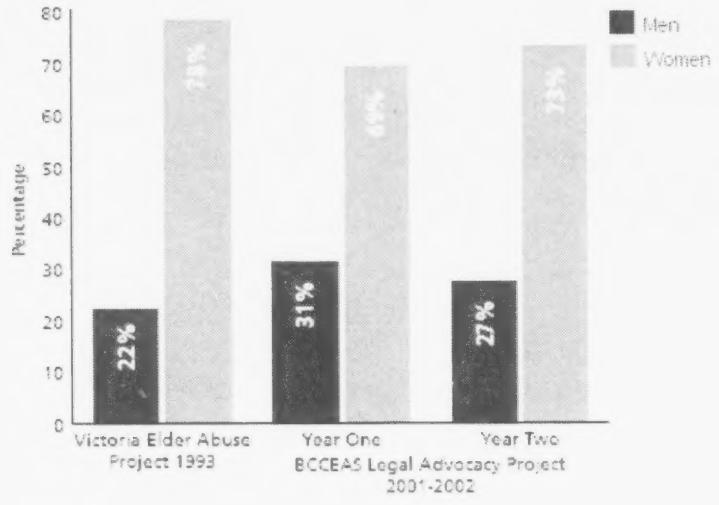
Prevalence of Abuse Among Older Adults

It is difficult to determine the extent of abuse of older adults in British Columbia, as the prevalence may be under-reported.

- In a 1989 national study of 2008 older adults, 4 percent reported experiencing one or more forms of abuse or neglect in later life. The rate in British Columbia was 5.6 percent.
- Financial abuse accounted for more than half of all cases, and chronic verbal aggression accounted for another third.

- In a semi-random sample conducted in the mid-1990s, a B.C. researcher interviewed 200 older adults, asking about financial decision-making and financial abuse. In this study, 8 percent said they had experienced one or more forms of financial abuse.[25]
- There is a striking gender difference in cases of abuse that come to the attention of community agencies, with more than twice as many women as men experiencing abuse.
- Most abusers are family members, either the person's spouse or children. These represent 70 percent of cases coming to the attention of community agencies.
- Older adults with cognitive impairments may be at risk for abuse.

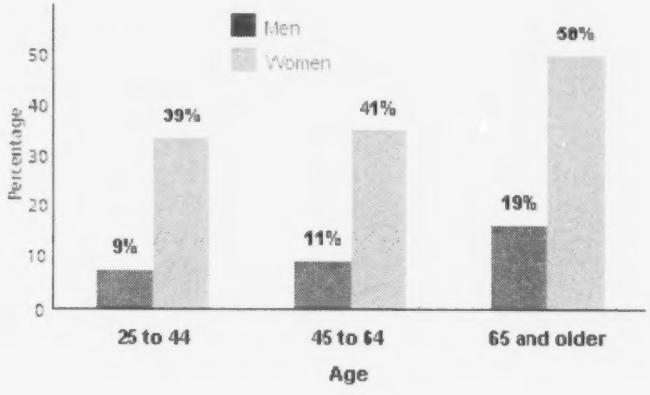
Gender of Older Adults Who Have Experienced Abuse, Coming to the Attention of Community Agencies.



Seniors as Victims of Crime

The relative percentage of seniors who are victims of personal crimes is quite small compared to the rest of the population as it drops throughout the lifetime. However, feelings of being unsafe rise with age and significantly more women than men reported feeling unsafe when walking alone after dark in their neighborhoods.

Percentage of People Who Felt "somewhat" or "very" Unsafe When Walking Alone After Dark by Age and Gender



Source: A Portrat of Seniors in Canada: Statistics Canada 1996

9 Health Services Use

Section Highlights

- About 50.1 percent of PharmaCare expenditures are for seniors.
- 55 percent of hospital inpatient days are occupied by seniors.
- 50 percent of women age 50 to 74 years accessed the screening mammography program.
- Most Alternative Level of Care(ALC) days are attributable to persons over the age of 65.
- Seniors report the lowest rate of unmet health needs at just 6.8 percent.

In 2001/2002 seniors made up 13.3 percent of the population and accounted for 36.5 percent of all hospitalized cases and 55 percent of hospital inpatient days.[26] At least one-fifth of hospital care days for seniors are Alternate Level of Care (ALC) days, where they are medically stable but are waiting for a bed in a nursing home or extended care facility. The following charts illustrate seniors' use of different health care resources in BC.

General Service Use

Source: B.C. Ministry of Health Services. Drugs: PharmaCare Trends 2002, Hospital: unpublished tables from Information Support, Doctor: Information Resource Manual 2001/2002.Population data from B.C. Statistics, B.C. Ministry of Management Services as published in the 2002 Provincial Health Officers Annual Report.

Utilization of Health Resources by Seniors

Type of health services	Proportion of:	Percent
	• Population who are seniors (2002)	13.3
Doctor services (2001/2002)	• Doctor services provided to senior patients	29.5
	• MSP expenditure for doctor services provided to senior patients	29.2
Hospital services (2001/2002)	• Inpatient days occupied by seniors	55.0
	• Hospitalized cases who are seniors	36.5
PharmaCare (2001)	• Pharmacare beneficiaries who are seniors	50.1
	• Pharmacare expenditure for medication (Plan A) provided to senior patients	53.7

- Seniors are the least likely of all age groups to receive follow-up care by a general practitioner, psychiatrist or mental health center after being discharged from hospital with a mental health diagnosis.
- Six out of 10 younger seniors discharged from hospital were followed up within 30 days.
- For older seniors, only 34 percent received follow up care prior to 2001/2002, but that rate increased to 49.7 percent in 2001/2002.
- An estimated 10 to 30 percent of elderly hospital patients are admitted because of medication toxicity.

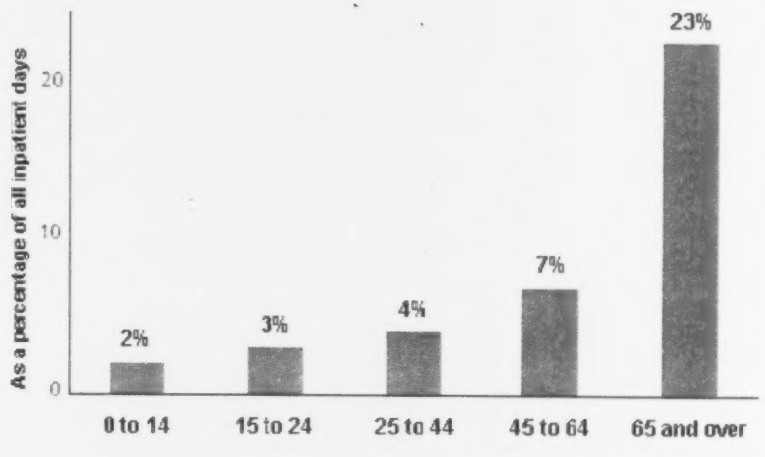
Alternate Level Of Care (ALC) Days

Alternate level of care days are increasing in B.C.

- In 2001/2002, 14.8 percent of all inpatient days are ALC days. This is an increase from 12.6 percent five years ago.
- Most ALC days are attributable to persons older than the age of 65 years.

Alternate Level of Care Days by Age 2001/2002

Source: B.C. Ministry of Health Services: Prepared using data from Discharge Abstract Database



Screening Mammography

Screening mammography to detect breast cancer in its earliest stages has been shown to save lives when done regularly (every two years) among women 50 to 75 years of age. Mounting evidence shows that screening mammography for women over the age of 50 has a real but modest effect in decreasing the mortality from breast cancer.[27]

- Screening mammography participation rates have increased from 44 per cent in 1998 to 49 percent in 2001 among women age 50 to 74 years.

- The B.C. Cancer Agency estimates that 95 percent of B.C. women have access to a mammography screening facility within a 90-minute commute of their home.

Dental Visits

Oral health is an important part of general health. Having good oral health means eating, speaking and socializing without disease, discomfort or embarrassment. Ten years ago, 50 percent of seniors had no natural teeth. However, an increasing number of seniors will keep their natural teeth due to improved access to dental care and increased rates of fluoridation.[28]

- Use of dental visits as a health service is largely determined by the ability to pay for services.
- Low rates of dental visits were most likely among working persons with low incomes.
- Older people tend to visit their dentists less often - only half of B.C. seniors visited a dental professional in the past year

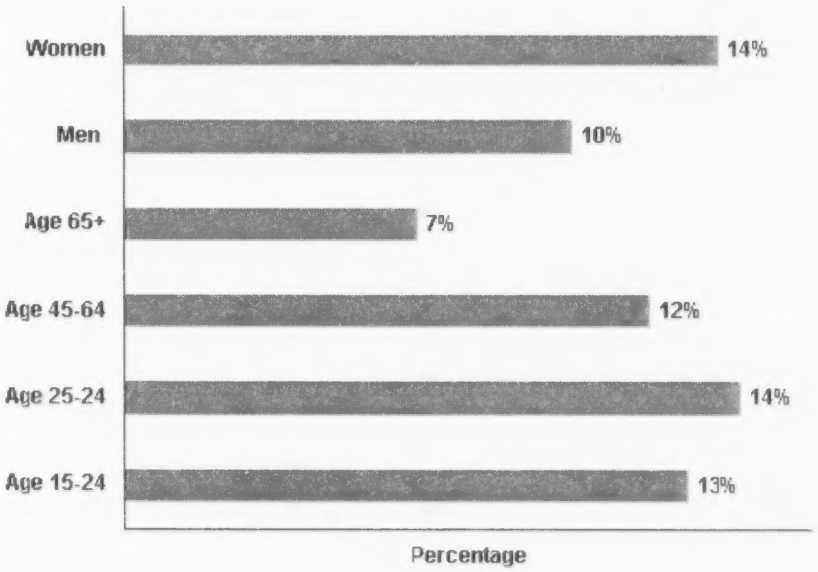
Unmet Healthcare Needs

In 2000/2001, 12 percent of British Columbians stated that they had at least one unmet health care need during the past year. This is a three-fold increase from 1994/1995, when only 4 percent reported unmet needs

- More females (13.8 percent) than males (10.4 percent) reported unmet health care needs.
- Seniors report the lowest rate of unmet health needs at just 6.8 per cent.

Percent of Population Reporting Unmet Healthcare Needs BC 2000/2001

SOURCE: 2002 Provincial Health Officers Annual Report



Conclusion

THIS PORTRAIT OF SENIORS SHOWS a predominantly active, vibrant, and healthy group of British Columbians over the age of 65. Seniors in British Columbia are a diverse population and make many valuable contributions to society, including volunteering and informal caregiving. They also remain active and healthy for a good part of their later years. However, as seniors reach their elder years, illness, injury due to falls, and chronic disease become more common.

Many factors play a role in healthy aging. These include physically active lifestyles, good nutrition, sufficient income, and good social supports. British Columbian "baby boomers", who will soon enter their senior years, enjoy better health than their predecessors. These seniors will likely still be at risk for illness and disease associated with aging, but greater awareness of those risks can help to ensure that more seniors engage in lifestyle practices crucial to maintaining and improving health.

It is clear that B.C. will soon have greater numbers and higher proportions of seniors, and this will result in challenges and opportunities for all aspects of our society. This profile of the seniors population in British Columbia can be a useful tool for health authorities, governments and other organizations in developing age-appropriate policies and services to meet the needs of seniors both today and tomorrow.

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